DLN: 93493325000147 **Return of Organization Exempt From Income Tax** 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 Department of the Treasury Internal Revenue Service

OMB No 1545-0047

2016

Open to Public Inspection

- F-	. ما المارين	2016 -		.i 01 01 2016	- 12 21	2016			
			alendar year, or tax year begini C Name of organization	ing 01-01-2016 , and endin	ig 12-31	-2016	D Employer i	dentificat	uon number
		oplicable change	AF&AM Sequin Level Lodge 140						ion number
	ne ch	-					23-714428	32	
	al ret	- 1	Doing business as Sequin Level Lodge #140 AF & AM				İ		
Fin		nınated	•				E Telephone n	umbar	
		l return	Number and street (or P O box if ma PO Box 310142	Il is not delivered to street address)	Room/suit	е	E relephone in	umber	
		n pending					(860) 666-	9149	
			City or town, state or province, count Newington, CT 06111	ry, and ZIP or foreign postal code			İ		
			Newington, CT 30111				G Gross receip	ots \$ 173,5	79
			F Name and address of principal			H(a) Is this	a group returi	n for	
			Steven Gorman Worshipful Maste PO Box 310142	r			dinates?		□Yes 🗹 No
			Newington, CT 06111				subordinates		☐ Yes ☐No
Tax	-exen	npt status	☐ 501(c)(3) ☑ 501(c)(10) ◄	(insert no.)	7 527	includ	ed / ," attach a list	(see ins	
VA7	heit	or 🏲 I lade	ge140 ctfreemasons net	(IIISELE 110)	327		exemption nu	•	,
***	EDSIL	e. P loui	ge140 ctireemasons net				ожетратот па		
Form	of or	ganization	☐ Corporation ☐ Trust ☑ Associ	lation Other		L Year of forma	ation 1948 M	State of le	egal domicile CT
Pa	rt I	Sum	mary		•				
			scribe the organization's mission or						
			nization is a Masonic Lodge created						
.			it ,Educational and Religious Societ esponsibility , enlightens them as t						
2			owards all mankind which will move						
	_								
124	-								
3	_								
8			is box >					ets 3	220
۸ b			-	, , , , , ,					
			of independent voting members of					4	220
5	5	Total nun	nber of individuals employed in cal	endar year 2016 (Part V, line 2a))		•	5	0
ξ	6	Total nun	nber of volunteers (estimate if nec	essary)			•	6	40
	7a	Total unr	elated business revenue from Part	VIII, column (C), line 12				7a	0
	b	Net unrel	ated business taxable income from	Form 990-T, line 34				7b	0
						Pri	or Year	Cu	ırrent Year
_	8	Contribut	ions and grants (Part VIII, line 1h)				7,761		5,047
Rəvenue			service revenue (Part VIII, line 2g)		41,969		51,761		
ďΛ		-	ent income (Part VIII, column (A), i				19,511		11,771
œ.			venue (Part VIII, column (A), lines		•		0		11,771
					42)		69,241		68,579
			enue—add lines 8 through 11 (mus		ne 12)		· · · · · · · · · · · · · · · · · · ·		
			nd sımılar amounts paıd (Part IX, c	` ''			4,275		820
	14	Benefits	paid to or for members (Part IX, co	lumn (A), line 4)	•		0		C
જ	15	Salaries,	other compensation, employee ber	nefits (Part IX, column (A), lines	5-10)		0		
Expenses	16a	Professio	nal fundraising fees (Part IX, colun	nn (A), line 11e)			0	ı	C
e d	b	Total fundr	raising expenses (Part IX, column (D), lir	ie 25) ▶ 0					
Щ I	17	Other exp	penses (Part IX, column (A), lines :	l1a-11d, 11f-24e)			59,915	;	54,926
	18	Total exp	enses Add lines 13-17 (must equa	al Part IX. column (A), line 25)			64,190		55,746
			less expenses Subtract line 18 fro				5,051	-	12,833
ø		Revenue	Tess expenses subtract mic 10 mg		•	Reginning	of Current Year		ind of Year
Fund Balances							Januari redi		
e e	20	Total ass	ets (Part X, line 16)				408,140		430,153
d B			ulities (Part X, line 26)				1,450	-	1,116
5.5			s or fund balances Subtract line 2				406,690		429,037
		_		1 110111 11111 20			400,090	'	423,037
	t II		ature Block erjury, I declare that I have examı	ned this return, including accomi	nanving s	chedules and	statements a	nd to the	hest of my
nowl	edge	and belie	of, it is true, correct, and complete	Declaration of preparer (other th	han office	r) is based o	n all informatic	on of which	ch preparer has
ny ki	nowle	dge							
		1k				201	7 11 30		
		Signati	ure of officer			Date	7-11-20 e		
ign		, -							
lere			Siedman Treasurer r print name and title						
		17		1					
		P	rint/Type preparer's name	Preparer's signature	Da	te Che	ck 🔲 ıf PTIN	N	
aic	ı	L				self	-employed		
rep	oare	;ı ⊢	irm's name				n's EIN ▶		
	On	1 -	irm's address 🟲			Pho	ne no		
		<u> </u>							
lav ti	ne JR	S discuss	this return with the preparer show	n above? (see instructions)				Yes	□No
			duction Act Notice see the sen			· · · ·	<u> </u>		

Form	990 (2016)					Page 2
Par	t IIII Statement	t of Program Se	rvice Accomplis	hments		
	Check if Scho	edule O contains a r	esponse or note to a	any line in this Part II	I	🗆
1	Briefly describe the	organization's miss	ion	•		
right	eousness and persona	al responsibility , en	lightens them as to	those things which m	nry impresses upon its members th ake for human welfare , and inspire conviction into action	
2	-	, -		vices during the year	which were not listed on	☐ Yes ☑ No
	If "Yes," describe th					
3	Did the organization services?	☐ Yes 🗹 No				
	If "Yes," describe th	ese changes on Sch	nedule O			
4		nd 501(ċ)(4) organı	zations are required	to report the amount	e largest program services, as mea cof grants and allocations to others	
4a	(Code) (Expenses \$	2,000	including grants of \$) (Revenue \$)
	See Additional Data	, (, , , , , ,	,
4b	(Code) (Expenses \$	500	ıncludıng grants of \$) (Revenue \$)
	See Additional Data					
4c	(Code) (Expenses \$	1,500	ıncludıng grants of \$) (Revenue \$)
	See Additional Data					
4d	Other program serv	rices (Describe in Sc	hedule O)			<u> </u>
	(Expenses \$	0	including grants of	\$	0) (Revenue \$	0)
4e	Total program ser	rvice expenses 🕨	4,0	00		

or X as applicable

Section 501(c)(3) organizations.

Checklist of Required Schedules Part IV Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete 1 2 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 candidates 3 for public office? If "Yes," complete Schedule C, Part I

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

b Was the organization included in consolidated, independent audited financial statements for the tax year?

14a Did the organization maintain an office, employees, or agents outside of the United States?

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

lines 1c and 8a? If "Yes," complete Schedule G, Part II

If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

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

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

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

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

Did the organization receive or hold a conservation easement, including easements to preserve open space.

Did the organization maintain collections of works of art, historical treasures, or other similar assets?

the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

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11a

11b

11c

11d

11e

11f

12a

12b

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14a

14b

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Page 3

No Νo

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No

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Nο

Nο

Nο

Nο

No

Form 990 (2016)

21

29

Part I\	Checklist of Required Schedules (continued)				
			Yes	No	
20a Did	the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No	

Page 4

Nο

Νo

Nο

Νo

Nο

24b

24c

24d

25a

25b

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27

28a

28b

28c

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32

33

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35a

35h

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37

Yes

Yes

Form 990 (2016)

Old the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	
f "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
Old the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	21	

- **b** If 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
 - 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
 - Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

- 22 current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"
- 23 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 24a

	990 (2016)			Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
	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	2ь		
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	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		
9a	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		
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b]		
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	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			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	Enter the amount of reserves the organization is required to maintain by the states in	a		
b	which the organization is licensed to issue qualified health plans			
b	which the organization is licensed to issue qualified health plans			
b c	The organization is licensed to issue qualified fields 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	14a		No

orm	990 (2016)			Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions		nse to li	
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>		✓
Se	ction A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 220		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 220			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	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	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	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? <i>If "Yes," describe in Schedule O how this was done</i>	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	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 with a taxable entity during the year?	16a		No
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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
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			
26	policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records Clifford Stamm II PO BOX 310142 Newington, CT 06111 (860) 666-2915	<u>_</u>		0 (2015)

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

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

- 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, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations
- List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) (B) (C) (D) (F) (E) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless person compensation hours per compensation amount of other week (list is both an officer and a from the from related compensation organization organizations any hours director/trustee) from the for related (W- 2/1099-(W-2/1099organization and individual to or director Highest compensate organizations MISC) MISC) related nstitutional below dotted emplo organizations line) trustee Trustee (1) Jim Bailey Х n Ω Trustee (2) Clifford Stamm II 0 Х Trustee (3) Scott Dean O 0 Ω Trustee 0 (4) Steven Gorman Х 0 Master (5) Robert Bailey Х 0 400 Senior Warden (6) Lee Martin Х 0 Junior Warden (7) Christopher Jones Х 0 Secretary (8) Lawrence Siedman Treasurer

compensation from the organization \blacktriangleright 0

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) **(F)** Estimated

Page 8

		,	<u>, </u>	- 1					1		1,	`	/		
	(A) Name and Title	(B) Average hours per week (list any hours		ne bo	ox, u n off	t che inles ficer	ss pers	son	Repo compo froi organiz	(D) ortable ensation m the ation (W-	(E) Reportable compensation from related organizations (w-			
		for related 0 = 0 0 2/1099-MISC) 2/1099-MISC))	organization and					
		organizations below dotted	교화	ln st	Officer	÷.	불흑	Former					relat organiza		
		line)	중	it u	₫	em em	<u> </u>	<u>=</u>					organiza	acions	
		'	ये ह	E E		훙	ဦး <u>ဗ</u>								
			ž	3 1		key employee	3								
			Individual trustee or director	Institutional Trustee			Highest compens employee								
				1			🛱								
							3								
											+				
												+			
1b 9	Sub-Total			'			•				-1				
c 1	Fotal from continuation sheets to Pa	art VII, Sectio	nΑ.				▶								
d_ <u>1</u>	Fotal (add lines 1b and 1c)						▶			0		0		400	
2	Total number of individuals (including of reportable compensation from the			e liste	ed al	bove	e) who	rec	eıved mo	re than \$:	100,000				
													Yes	No	
3	Did the organization list any former of	officer, director	or trust	ee, k	ey ei	mple	oyee, d	or hi	ghest cor	npensate	d employee on				
	line 1a? If "Yes," complete Schedule J	for such individ	dual .									3		No	
4	For any individual listed on line 1a, is organization and related organizations										m the				
	ındıvıdual											4		No	
5	Did any person listed on line 1a receiv									tion or inc	lividual for				
	services rendered to the organization	, ,	ete Scn	eauie) <i>TO</i>	ir su	icn pei	rson				5		No	
	Complete this table for your five high		d indon	on dor	.+	ntr	schore	+6-+	racowad	mara tha	n #100 000 of co		cation		
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.															
(A) (B) Name and business address Description of services										(C					
	Name a	na pusitiess dudie								Des	cription of services		Comper	isauoi1	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Part '													Page 9
		Check if Schedul	e O contains :	a respo	onse or n	ote to any	(,	nis Part VII A) evenue	R∈ ∈	(B) elated or exempt	(C Unrela busin) ated iess	(D) Revenue excluded from
	1.			I -	Γ				1	unction evenue	rever	iue	tax under sections 512-514
at st		Federated campaign		1a	<u> </u>	0							
ran		Membership duesFundraising events		1b	<u> </u>								
s, G Am		d Related organizatio		1c 1d	<u> </u>								
Gift. Nar		Government grants (co		10 1e	 								
si ii		· All other contributions,	, gıfts, grants,	_ <u></u> -									
itioi er S		and similar amounts no above	ot included	1f		5,047							
Contributions, Giffs, Grants and Other Similar Amounts	ç	Noncash contribution in lines 1a-1f \$	ons included	0									
Cont and	h	Total.Add lines 1a-1	.f			<u> </u>		5,047					
ue						Business	Code						
ven		Membership Dues					900099		26,854		0		0 26,854
Program Service Revenue	b	Lodge Programs					900099		24,907		0		0 24,907
r MC	с			_									
፠	d e			_									
gran	_	All other program se	rvice revenue						0		0		0 0
4		Total. Add lines 2a-2f			>		51,761						
	3 I	Investment income (ii	ncluding divid	ends, i	ınterest,	and other	1						
		imilar amounts)						11,77	0		0	0	,
		Income from investme Royalties					`		0		0	0	
			(ı) Rea			ersonal	+						
	6a	Gross rents											
	b	Less rental expenses		0			0						
	С	Rental income or (loss)		0			0						
	d	Net rental income o	r (loss)				1		0		0	0	0
	_		(ı) Securit	ies	(11)	Other							
		Gross amount from sales of assets other	1	.05,000			0						
		than inventory											
	b	Less cost or other basis and	-	.05,000									
		sales expenses		03,000									
		Gain or (loss) Net gain or (loss)					<u>"</u>		0		0	0	0
		Gross income from fi				<u> </u>							
Other Revenue		(not including \$contributions reporte				_							
eve		See Part IV, line 18 Less direct expense		a b		(_						
ř.		Net income or (loss)			ents .	. •			0			0	0
th.		Gross income from g		es									
		See Part IV, line 19		а] [(
	b	Less direct expense	s	b		(5						
		Net income or (loss)		activit	ies .	• •			0		0	0	0
		Gross sales of invent returns and allowand		_		(
	b	Less cost of goods s	sold	a b		(_						
	С	Net income or (loss)		invent					0		0	0	0
	11:	Miscellaneous	Revenue		Busin	ess Code	_						
	ь	1			<u> </u>								
	c								+				
	d	All other revenue .			<u> </u>								
	е	Total. Add lines 11a	-11d			>			0				
	12	Total revenue. See	Instructions					40 E-			0		£2 E22
								68,57	اد		<u> </u>	U	63,532 Form 990 (2016)

Section 501(c)(13) and 501(c)(14) organizations must complete all columns. All other organizations must complete columns (A) Check of Schedule Contains are response or note to anyline in this Part X. Do not include amounts reported on lines 6b, 16, 80, 90, and 100 of Part VIII. 1 Grants and other assistance to domestic organizations and consesting organizations and consesting organizations (Frequency organizations). The complete of the consession of the c	form 990 (2016)				Page 10
Do not include amounts reported on lines 6b, 7b, 8b, 9b, 9b, 10b of Part VIII. 1 Grants and other assestance to domestic organizations and domestic organiz	Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns	lumns All other orga	anizations must comp	olete column (A)	
Total resources Monagement and partners suppress Monagement and partners suppress Programs suppress	Check if Schedule O contains a response or note to any	line in this Part IX			🗆
domestic governments See Part IV. Inte 21 2 Grants and other assistance to domestic individuals See Part IV., line 22 3 Grants and other assistance to foreign organizations, foreign of any of the seed of the se		(A) Total expenses	Program service	Management and	(D) Fundraisingexpenses
IV, Inc. 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, Inc. 13 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and every employees 6 Conjugates to record officers, directors, trustees, and every employees section 4983(ff(1)) and persons described or section 4983(ff(1)) and persons described or section 4983(ff(1)) and persons described or section 4983(ff(1)) and persons described or section 4983(ff(1)) and persons described or section 4983(ff(1)) and 498(b) employer commbutions (include section 401 (g) and 498(b) employer commbutions) 9 Other employee benefits 10 Payrol taxes 10 Payrol taxes 10 Payrol taxes 10 Other (more included section 401 (g) and 498(b) employer commbutions) 11 Fees for services (non-employees) 12 Advantage 13 Management 14 Department of the first organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organizati		320			
governments, and foreign individuals. See Part IV, line 15 and 15		500			
5 Compensation of current officers, directors, trustees, and key employees	governments, and foreign individuals See Part IV, line 15	0			
Key amployees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(8) Compensation 4958(f)(1)) and persons described in section 4958(f)(3)(8) Compensation 4958(f)(1)) and persons described in section 4958(f)(3)(8) Compensation 4958(f)(1)) and persons described in section 4958(f)(3) employer contributions (include section 401 (ic)) and 403(d) employer contributions (include section 401 (ic)) and 403 (ic)) and 403 (ic) an	4 Benefits paid to or for members	0			
defined under section 4988(f)(1) and persons described in section 4988(f)(3)(8)		0			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) 9 Other employee benefits 0 0 10 Payroll taxes 0 0 11 Fees for services (non-employees) a Management 0 0 b Legal 0 0 c Accounting 0 0 e Professional fundraising services See Part IV, line 17 f Investment management fees 0 0 g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 13 Office expenses 13 Office expenses 14 Information technology 15 Royalities 16 Occupancy 14 Information technology 10 Conferences, conventions, and meetings 10 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Payments to affiliates 13 Insurance 14 Information technology 15 Insurance 16 Occupancy 17 Travel 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public efficials 19 Conferences, conventions, and meetings 10 Interest 10 Int	defined under section 4958(f)(1)) and persons described in	0			
((v) and 403(b) employer contributions) 9 Other employee benefits 0 0 10 Payroll taxes 0 0 11 Fees for services (non-employees) a Management 0 0 10 bLegal 0 0 10 0 10 0 11 Fees for services (non-employees) 0 0 11 Fees for services (non-employees) 0 0 12 Adventing 0 0 13 Fees for services See Part IV, line 17 15 Investment management fees 10 0 11 Fees for services See Part IV, line 17 15 Investment management fees 10 0 11 Fees for services See Part IV, line 17 16 Investment management fees 10 0 11 Fees for services See Part IV, line 17 16 Investment management fees 10 0 11 Fees for services See Part IV, line 17 16 Investment management fees 10 0 11 Fees for services See Part IV, line 17 16 Investment management fees 10 0 11 Fees for services See Part IV, line 17 18 Fees for services See Part IV, line 17 19 Office expenses 10 0 11 Fees for services See Part IV, line 17 10 0 11 Fees for services See Part IV, line 17 10 0 11 Fees for services See Part IV, line 17 10 0 11 Fees for services See Part IV, line 17 10 0 11 Fees for services See Part IV, line 17 10 0 11 Fees for services See Feet IV, line 19 10 Office seepnses 10 0 11 Feet Seepnses 10 0 11 Feet Seepnses 10 0 11 Feet Seepnses 10 0 11 Feet Seepnses 10 0 11 Feet Seepnses 10 0 11 Feet Seepnses 10 0 11 Feet Seepnses 10 0 11 Feet Seepnses 10 0 11 Feet Seepnses 10 0 11 Feet Seepnses 10 0 11 Feet Seepnses 11 Feet Seepnses 11 Feet Seepnses 12 Feet Seepnses 12 Feet Seepnses 12 Feet Seepnses 12 Feet Seepnses 12 Feet Seepnses 13 Feet Seepnses 14 Feet Seepnses 15 Feet Seepnses 15 Feet Seepnses 16 Feet Seepnses 16 Feet Seepnses 17 Feet Seepnses 17 Feet Seepnses 17 Feet Seepnses 17 Feet Seepnses 17 Feet Seepnses 18 Feet Seepnses 18 Feet Seepnses 18 Feet Seepnses 18 Feet Seepnses 18 Feet Seepnses 18 Feet Seepnses 19 Feet Seepnses 10 Feet Seepnses 10 Feet Seepnses 10 Feet Seepnses 10 Feet Seepnses 10 Feet Seepnses 10 Feet Seepnses 10 Feet Seepnses 10 Feet Seepnses 10 Feet Seepnses 10 Feet Seepnses 10 Feet Seepnses 10 Feet Seepnses 10 Feet Seepnses 10 Feet Seepnses 10 Fee	7 Other salaries and wages	0			
11 Fees for services (non-employees) a Management		0			
11 Fees for services (non-employees) a Management	9 Other employee benefits	0			
a Management	10 Payroll taxes	0			
b Legal	11 Fees for services (non-employees)				
d Lobbying 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	a Management	0			
d Lobbyng	b Legal	0			
e Professional fundraising services See Part IV, line 17 f Investment management fees	c Accounting	0			
e Professional fundraising services. See Part IV, line 17 f Investment management fees	d Lobbying	0			
f Investment management fees	<u> </u>	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 1 A Advertising and promotion		0			
12 Advertising and promotion	g Other (If line 11g amount exceeds 10% of line 25, column				
13 Office expenses	- ' ' - ' - ' - ' - ' - ' - ' - ' - ' -	185			
14 Information technology	- · ·	936			
15 Royalties	<u> </u>	0			
14,360 14,360 17 Travel	<u> </u>	0			
17 Travel	F				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	· · ·				
19 Conferences, conventions, and meetings	18 Payments of travel or entertainment expenses for any				
20 Interest	· · · · · · · · · · · · - · ·	0			
21 Payments to affiliates		0			
22 Depreciation, depletion, and amortization	<u> </u>	9.984			
23 Insurance	F				
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) a Lodge Programs 28,717 b c d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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)	F				
b c d e All other expenses Total functional expenses. Add lines 1 through 24e 55,746 0 0 1 1 1 1 1 1 1 1 1 1 1	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				
c d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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)	a Lodge Programs	28,717			
d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 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)	b				
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 55,746 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)	С				
Total functional expenses. Add lines 1 through 24e 55,746 0 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)	d				
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)	e All other expenses				
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ □ if following SOP 98-2 (ASC 958-720)	25 Total functional expenses. Add lines 1 through 24e	55,746	0	0	0
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	reported in column (B) joint costs from a combined				
	<u> </u>				Form 990 (2016

Form 990 (2016)

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31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Intangible assets

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Other assets See Part IV, line 11 .

Accounts payable and accrued expenses

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

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

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here lacktriangle and

	Beginning of year		End of year
1 Cash-non-interest-bearing	3,873	1	4,599
2 Savings and temporary cash investments	64,881	2	177,520
3 Pledges and grants receivable, net		3	0
4 Accounts receivable net		4	

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part 5 II of Schedule L 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) 6 voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L

Notes and loans receivable, net 0 Inventories for sale or use . 8 0 0 0 9 Prepaid expenses and deferred charges .

Assets 10a Land, buildings, and equipment cost or other 10a basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c

339.386 248.034 11 Investments—publicly traded securities . 11 0 12 12 Investments—other securities See Part IV, line 11 . 0 13 13 Investments—program-related See Part IV, line 11 14 14 0

0

816

300

1,116

0

429,037

429,037

430.153

Form **990** (2016)

430,153

15

16

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

34

408,140

1,450

1,450

406,690

406,690

408.140

Form	n 990 (2016)				Page 12
Par	rt XI Reconcilliation 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			68,579
2	Total expenses (must equal Part IX, column (A), line 25)	2			55,746
3	Revenue less expenses Subtract line 2 from line 1	3			12,833
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			406,690
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	. 8			9,514
9	Other changes in net assets or fund balances (explain in Schedule 0)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, colum	nn (B)) 10			429,037
Par	TEXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\checkmark
				Yes	No
4	Accounting method used to prepare the Form 990 🗹 Cash 🗌 Accrual 🔲 Other				
•	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	İ	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both	viewed on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			ļ	
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a seconsolidated basis, or both	eparate basis,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountary		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain	ın Schedule O			

3a

3b

Νo

Form **990** (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID: 16000425 **Software Version:** v1.00

Name: AF&AM Seguin Level Lodge 140

Form 990, Part III, Line 4a:

Form 990 (2016)

Community Programs-FoodShare, Child Identification Program, Blood Drives All of the endeavors are supported thru volunteer efforts and/or thru financial support

EIN: 23-7144282





Form 990, Part III, Line 4b: Provide Scholarships to deserving students for college education

Form 990, Part III, Line 4c:

Support Masonic endeavors such as the child identification program, flowers for widows and youth organizations. Support community programs such as town events .school events, the Iwo Jima Memorial Historical Foundation, Pearl Harbor lecture, veteran day event. All of the endeavors are supported thru volunteer efforts and/or thru financial

support

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493325000147 TY 2016 Reasonable Cause Explanation Name: AF&AM Seguin Level Lodge 140 **EIN:** 23-7144282 **Software ID:** 16000425 **Software Version:** v1.00 **Explanation:** Computer with all financial records on it crashed.

efile GRAPH	IIC print	- DO NOT PROCESS As Filed Data -	DL	N: 93493325000147			
SCHEDUL	FΩ	Supplemental Information to Form 9	90 or 990-F7	OMB No 1545-0047			
(Form 990 or EZ) Department of the 1	r 990-	Complete to provide information for responses to spec Form 990 or 990-EZ or to provide any additional Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and www.irs.gov/form990.	cific questions on information.	2016 Open to Public Inspection			
Name of the org AF&AM Sequin Lev	vel Lodge 140	plemental Information	Employer identification number 23-7144282				
Return Reference		Explanation					
Form 990, Part VI, Section A, Line 2	Jim Baile	y Trustee and Robert Bailey Senior Warden are related					

990 Schedule O, Supplemental Information Return Explanation Reference Form 990. The Lodge has 220 members

Part VI, Section A. Line 6

Return Explanation Reference Form 990. The membership elects the governing body

Part VI, Section A.

990 Schedule O, Supplemental Information

Line 7a

Return Explanation

990 Schedule O, Supplemental Information

Line 7b

Form 990, Part VI, Section A.

Yes, The membership votes on governance decisions to approve or not to approve

Return Explanation
Reference

990 Schedule O, Supplemental Information

Line 11b

Form 990, Part VI, Section B,

990 Schedule O, Supplemental Information

Return Explanation

Reference

Form 990,	The lodge does not make its governing documents available to the public. The lodge does no
Part VI,	t have a written conflict of interest policy. The lodge does not make its financial report
Section C,	s available to the public
Line 19	

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990,
Part XII, Line

Changed to cash accounting to standardize with lodge operations

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493325000147 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** AF&AM Sequin Level Lodge 140 23-7144282 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity **(b)** Primary activity (c) Legal domicile (state (d) (e) End-of-year assets Total income or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.		I Inization answered "	Yes" on Form 990,	Part IV, line 34 be	cause it had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) cor enti	512(b) ntrolled
(1)Sequin Building Association of Newington Inc PO BOX 310041	TITLE HOLDING CORPORATION	СТ	501(C)(2)		SEQUIN LEVEL LODGE #140	Yes	No No
NEWINGTON, CT 06111 06-6062878	CONTONATION				#140		
For Paperwork Reduction Act Notice, see the Instructions for Form	990.	Cat No 50135	Ý		Schedule R (Form	990) 20	16

		(b)	1 1		1 45	1 40	1 .			1 ()		., 1	
(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-		(g) Share of end-of-year assets					j) eral or aging ener?	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
Identification of Related Organiza because it had one or more related or						zation ansv	vered "Yes	" on Fo	orm 9	90, Part IV	, line	34	
Identification of Related Organiza because it had one or more related or (a) Name, address, and EIN of related organization		L do (state	(c) egal micile or foreign	st during th	(d) controlling entity Type	(e)	vered "Yes (f) Share of total income	Share	(g) of end- year assets	of- Perce	, line i) ntage ership	Se (1	(I) ection 512 3) control entity
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	L do (state	on or trus (c) egal micile	st during th	(d) controlling entity Type	(e) le of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	control
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity Type	(e) le of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity Type	(e) le of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity Type	(e) le of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity Type	(e) le of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3) control entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	L do (state	(c) egal micile or foreign	st during th	(d) controlling entity Type	(e) le of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perce	1) ntage	Se (1	3

Schedule R (Form 990) 2016					Page 3
Part V Transactions With Related Organizations Complete if the organization answere	d "Yes" on Form 990, Par	t IV, line 34, 35b	, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Υ,	es No
1 During the tax year, did the organization engage in any of the following transactions with one or more r	related organizations listed in	Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a	No
b Gift, grant, or capital contribution to related organization(s)				1b	No
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c	No
f d Loans or loan guarantees to or for related organization(s)				1d	No
e Loans or loan guarantees by related organization(s)				1e	No
f Dividends from related organization(s)				1f	No
${f g}$ Sale of assets to related organization(s)				1g	No
h Purchase of assets from related organization(s)				1h	No
i Exchange of assets with related organization(s)				1i	No
j Lease of facilities, equipment, or other assets to related organization(s)				1j	No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)				1k Ye	es
I Performance of services or membership or fundraising solicitations for related organization(s) . $$.				11	No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	No
o Sharing of paid employees with related organization(s)				10	No
p Reimbursement paid to related organization(s) for expenses				1 p	No
q Reimbursement paid by related organization(s) for expenses				1q	No
${f r}$ Other transfer of cash or property to related organization(s)				1r	No
s Other transfer of cash or property from related organization(s)				1s	No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including covered r	elationships and tra	insaction thresholds		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	mount invo	lved
(1)Sequin Building Association of Newington Inc	J	14,000	The Lodge budgetted and allotte Building Association of Newingto		

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

1																	
(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant Income (related, unrelated, excluded from tax under sections 512- 514)	section 501(c)(3) organizations?		section 501(c)(3) organizations?		section 501(c)(3) organizations?		(f) Share of total income	end-of-year	(h) Disproprtionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
			514)	Yes	No	!		Yes	No		Yes	No					
										Schedul	le R (Form	1 99	0) 2016				

