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EXTENDED TO NOVEMBER 15, 2017

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No 1545-0047

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City or town, state or province, country, and ZIP or foreign postal code RENTON, WA 98058 RENTON, WA 98058 RENTON, WA 98058 False and address of principal officer RICHARD MOORE False and address of principal officer RICHARD MOORE False False	\vdash	Final	19/122 126mg DT. CF	110011110011	· ·	71~2948				
RENTON WA 98058 Halp is the a group return for subordinates? Yes X No Part No SAME AS C ABOVE No 1 Tax exempt status 501(c)(S X 501(c) 10 494(a)(1) or 547 17 17 17 17 17 18 18 1	<u> </u>	termin		L						
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SAME AS C ABOVE 10 4947(a)(1) or 252 11 11 12 12 12 13 13 1	L_	_ltion	F Name and address of principal officer. KICHARD MOOKE							
Mebsites N/A			SAME AS C ABOVE		- 7					
Part Summary				or 52	If "No," attach a lis	st (see instructions)				
Part										
Bnetly describe the organization's mission or most significant activities PROVIDE SUPPORT TO VARIOUS	KF	orm of	organization: X Corporation Trust Association Other ▶	L Yea	ar of formation: 1999 M S	State of legal domicile: WA				
CHARITABLE ORGANIZATIONS INCLUDING THE PROGRAM CALLED HELPING KIDS 2 Check this box										
CHARITABLE ORGANIZATIONS INCLUDING THE PROGRAM CALLED HELPING KIDS 2 Check this box	-	1	Briefly describe the organization's mission or most significant activities. PROV	IDE S	UPPORT TO VAR	IOUS				
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Notifice of individuals employed in calendar year 2016 (Part V, line 2a) 5 5 0	ĝ)			F-7-					
6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Port VIII, column (C), line 12 b Net unrelated business taxable income from Port VIII, column (A), line 34 8 Contributions and grants (Part VIII, line 11) 9 Program service revenue (Part VIII, line 11) 10 Investment income (Part VIII, line 11) 11 Other revenue (Part VIII, column (A), lines 3; 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3; 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 13 Grants and similar amounts pand (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Part IX, column (A), lines 11a-11d, 111-24e) 16 Part IX, column (A), lines 11a-11d, 111-24e) 17 Other expenses (Part IX, column (A), lines 5-10) 18 Total fundraising expenses (Part IX, column (A), lines 5-10) 19 Total fundraising expenses (Part IX, column (A), lines 5-10) 19 T	∞ರ)								
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, line 2g) 11 Other revenue (Part VIII, lone 3g, and 7g) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 13g, and 7g) 13 Grants and similar amounts paid (Part IX, column (A), lines 13g, and 7g) 14 Benefits paid to or for members (Part IX, column (A), lines 13g, and 7g) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 510) 16 Professional fundraising lese (Part IX, column (A), line 19g) 17 Other expenses (Part IX, column (A), line 19g) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total assets (Part X, line 26) 21 Total labilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 23 Repail (CHARD MOORE, SECRETARY Type or print name and title Prim's name CLIFTONLARSONALLEN LLP Firm's name CLIFTONLARSONALLEN LLP Firm's address 10 Total Oncorrect and Captal Ca	ies)			****					
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12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 45 , 202	~	Ì	1	_		Current Year				
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 45 , 202	6	8	Contributions and grants (Part VIII, line 1h)		0.	0.				
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 45 , 202	2	9	Program service revenue (Part VIII, line 2g)		7,028.	7,237.				
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 45 , 202	چې.	10		{	38,174.	36,921.				
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 45 , 202	çŒ	ſ	li a la companya di managana di managan							
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14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salares, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundriaising fees (Part IX, column (A), line 11e) 0	\Rightarrow									
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19 Revenue less expenses Subtract line 18 from line 12 18,540.	77.	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	L						
Beginning of Current Year 819,515. 830,061. 7 Total labslities (Part X, line 16) 20 Net assets or fund balances Subtract line 21 from line 20 819,515. 830,061. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than office has based on all information of which preparer has any knowledge Signature of officer Print/Type or print name and title Print/Type preparer's name Preparer Prim's name CLIFTONLARSONALLEN LLP Firm's address 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004 Phone no (425) 250-6100		18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	L		51,449.				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign RICHARD MOORE, SECRETARY Type or print name and title Print/Type preparer's name Preparer's signature STEVEN B. BASS, CPA STEVEN B. BASS, CPA STEVEN B. BASS, CPA Firm's name CLIFTONLARSONALLEN LLP Firm's address 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004 Phone no (425) 250-6100			Revenue less expenses Subtract line 18 from line 12		18,540.	<u>-7,291.</u>				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign RICHARD MOORE, SECRETARY Type or print name and title Print/Type preparer's name Preparer's signature STEVEN B. BASS, CPA STEVEN B. BASS, CPA STEVEN B. BASS, CPA Firm's name CLIFTONLARSONALLEN LLP Firm's address 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004 Phone no (425) 250-6100	Ses	{		Ĺ	Beginning of Current Year	End of Year				
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here RICHARD MOORE, SECRETARY Type or print name and title Print/Type preparer's name Preparer's signature Print/Type preparer's name Preparer's signature STEVEN B. BASS, CPA STEVEN B. BASS, CPA STEVEN B. BASS, CPA Firm's name CLIFTONLARSONALLEN LLP Firm's address 10700 NORTHUP WAY, SUITE 200 BELLEVUE, WA 98004 Phone no (425) 250-6100										
true, correct, and complete Declaration of preparer (other than officer) shased on all information of which preparer has any knowledge. Sign Signature of officer Date				ec and etate	ments and to the hest of my	knowledge and helief it is				
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BELLEVUE, WA 98004 Phone no (425) 250-6100	-									
										
MAY THE THE DISCUSS THIS FETUTE WITH THE DEPOTER SHOWN ADOVE (ISSE INSTRUCTIONS)	Mar	May the IRS discuss this return with the preparer shown above? (see instructions)								

Form 990 (2016)

FREE & ACCEPTED MASONS

orn	n 990 (2016)	ARK	LODGE 126				91-022	26993_	Page 2
Pa	rt III Stateme	ent of Program	n Service Acco	mplishments					
	Check if S	chedule O contain	s a response or note	to any line in this P	art III				
1	Briefly describe t	the organization's	mission:						
	PROVIDE :	SUPPORT T	O VARIOUS	CHARITABLE	ORGANIZA	TIONS II	NCLUDING	THE	
	PROGRAM (CALLED HE	LPING KIDS	SPEAK SPO	NSORED BY	THE SC	OTTISH R	(TE	
2	Did the organizat	tion undertake any	significant program	services during the	year which were i	not listed on the	е		
	prior Form 990 o	r 990-EZ?						Yes	X No
	If "Yes," describe	e these new servic	es on Schedule O.						
3	Did the organizat	tion cease conduc	ting, or make signific	cant changes in how	it conducts, any	program servic	es?	Yes	X No
	If "Yes," describe	e these changes o	n Schedule O						
4	Describe the org	anızatıon's progra	m service accomplis	hments for each of it	ts three largest pr	ogram services	s, as measured b	y expenses	;
	Section 501(c)(3)) and 501(c)(4) org	anızatıons are requir	ed to report the amo	ount of grants and	allocations to	others, the total	expenses, a	and
	revenue, if any, f	or each program s							
4a	(Code) (Expenses \$	51,449	• including grants of \$) (R	evenue \$	7,	237 .)
	PROVIDE S	SUPPORT T	O VARIOUS	CHARITABLE	ORGANIZA	TIONS II	NCLUDING	THE	
	PROGRAM (CALLED HE	LPING KIDS	SPEAK SPO	NSORED BY	THE SC	OTTISH RI	TE	
4b	(Code) (Expenses \$		including grants of \$ _) (R	evenue \$)
			·						
			··						
							·		
		<u>-</u>							
4c	(Code) (Expenses \$		including grants of \$) (R	evenue \$)
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			-						
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				<u> </u>					
			· • • • • • • • • • • • • • • • • • • •						
4d	Other program se	ervices (Describe	n Schedule O)						
	(Expenses \$		including grants o			nue \$			
<u>4e</u>	Total program se	ervice expenses		51,449.					······
								Form 9	90 (2016)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?]
	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	, '		
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		ļ
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_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			.
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9_	-	X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			- T
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
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	_	_X_
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	446		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
С	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		x
٨	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	11c	_	
ū	Part X, line 16? If "Yes," complete Schedule D, Part IX	444		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d	· · · · · ·	X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	_11e		- 23
•	the organization's separate or consolidated imarical statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12.0	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	_iza_		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	4		_ -
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	_19		х
			990	

20a			V. 1	
20b		00	Yes	No
21 X 22 X ant 23 X the 24a X 24b 24c 24d 25a d 25b 26 X 27 X 28a X 27 X 28a X 27 X 30 X 31 X 32 X 31 X 32 X 33 X 34 X 35a X y ation? 36			 	A
22 X the 23 X the 24a X 24b 24b 24d 24d 25a 24d 25a 25b 25a		20b		
22 X the 23 X the 24a X 24b 24b 24d 24d 25a 24d 25a 25b 25a				
23 X the 24a X 24b 24c 24d 25a 26 X 27 X 28a X 27 X 28a X 27 X 28a X 28b X 30 X 31 X 32 X 33 X 34 X 35a X 27 X 35b 36		21		X
23 X the 24a X 24b 24c 24d 25a 26 X 27 X 28a X 27 X 28a X 27 X 28a X 28b X 30 X 31 X 32 X 33 X 34 X 35a X				
23		22		X
24a X 24b	ent	1		
24a X 24b				
24a X 24b		23		<u> X</u>
24b 24c 24d 25a 25a 26 X 27 X 28a X 28b X 30 X 31 X 32 X 33 X 34 X 35a X 35b 36 36 36 36 36 36 36 3	the			
24b 24c 24d 25a 25a 26 X 27 X 28a X 28b X 30 X 31 X 32 X 33 X 34 X 35a X 35b 36 36 36 36 36 36 36 3				
24c 24d 25a 25b 26 X 27 X 28a X 28b X 30 X 31 X 32 X 33 X 34 X 35a X 35b 36 36 36 36 36 36 36 3				X
24c 24d 25a 25b 26 X 27 X X 28a X 28b X 30 X 31 X 32 X 33 X 34 X 35a X X 35b 36 36 36 36 36 36 36 3		24b		
24d 25a 25b 26 X 27 X X 28a X X 28b X X 30 X 31 X 32 X 33 X 34 X 35a X X 35b 36 36 36 36 36 36 36 3	•			
25a 25b 25b 26 X 26 X 27 X 28a X 28b X 29 X 30 X 31 X 32 X 33 X 34 X 35a X 35b 36 36 36				
25b 25b 27 X 28a X 28b X 30 X 31 X 32 X 33 X 35a X 35b 36 36		24d		
25b 25b 27 X 28a X 28b X 30 X 31 X 32 X 33 X 35a X 35b 36 36				
25b		25a		
26 X 27 X 28a X 28b X ficer, 28c X 29 X 30 X 31 X 32 X 33 X 34 X 35a X y ation? 36	ď			
26 X 27 X 28a X 28b X ficer, 28c X 29 X 30 X 31 X 32 X 33 X 34 X 35a X y ation? 36				
26 X 27 X 28a X 28b X 29 X 30 X 31 X 32 X 33 X 34 X 35a X y 35b ation?		25b		
26 X 27 X 28a X 28b X 29 X 30 X 31 X 32 X 33 X 34 X 35a X y 35b ation?		1	}	
28a X 28b X 100 28b X 100 28c X 29 X 30 X 31 X 31 X 32 X 33 X 34 X 35a X 35b 36	н			
28a X 28b X ficer, 28c X 29 X 30 X 31 X 32 X 32 X 33 X 34 X 35a X		26		_X_
28a X 28b X ficer, 28c X 29 X 30 X 31 X 32 X 32 X 33 X 34 X 35a X]	
28a X 28b X ficer, 28c X 29 X 30 X 31 X 32 X 32 X 33 X 34 X 35a X		}		
28a X 28b X ficer, 28c X 29 X 30 X 31 X 32 X 32 X 33 X 34 X 35a X		27		X
28b X ficer, 28c X 29 X 30 X 31 X 32 X 32 X 33 X 34 X 35a X 35b 36				
28b X ficer, 28c X 29 X 30 X 31 X 32 X 32 X 33 X 34 X 35a X 35b 36] :		
28b X ficer, 28c X 29 X 30 X 31 X 32 X 32 X 33 X 34 X 35a X 35b 36		28a		X
30 X 30 X 31 X 32 X 33 X 34 X 35a X 35b 36	IV			X
28c X 29 X 30 X 31 X 32 X 32 X 33 X 34 X 35a X 35b 35b	fficer,			
29 X 30 X 31 X 32 X 33 X 34 X 35a X 35b 35b		28c		X
30 X 31 X 32 X 33 X 34 X 35a X 35b 35b				X
31 X 32 X 33 X 34 X 35a X 35b 36				
31 X 32 X 33 X 34 X 35a X 35b 36		30		_X
32 X 33 X 34 X 35a X 35b 35b 36				
32 X 33 X 34 X 35a X 35b 35b 36		31		_X
33 X 34 X 35a X 35b 35b 36				
33 X 34 X 35a X 35b 35b 36		32	<u> </u>	_X
34 X 35a X 9 35b ation?				
34 X 35a X 9 35b ation?		33		Х
35a X y 35b ation?				
35a X y 35b ation?		34		X
35b ation?				<u>x</u>
35b ation? 36	v			_ -
36 36	,	35h		
36	ation?	20		
	GUOII.	36		
37 X		30		
 		37		¥
		-91	-	

			Yes	No
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	}		ł
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ĺ
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		_
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		L
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			1
	Schedule L, Part I	25b		1 _
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			1
	complete Schedule L, Part II	26		X
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]	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			1
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	L	_X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		'	
	Schedule N, Part II	32		_X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36		ĺ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	i
				(2016)

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632005 11-11-16

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions \mathbf{x} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 12 b 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 Х officer, director, trustee, or key employee? 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х 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: The governing body? 8a b Each committee with authority to act on behalf of the governing body? Х 8b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 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 Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b 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 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 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 records: JOHN L SWAFFORD II - 206-723-5353 98178-2553 10712 68TH AVENUE S, SEATTLE, WA Form 990 (2016) 632006 11-11-16

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

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

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

(A) Name and Title	(B) Average hours per	(do	not c	(C Pos	C) ition		one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	lirecto	Highest compensated employee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ALBERT R. GATAN	2.00									•
SENIOR WARDEN	2 00	X		X	-	_		0.	0.	0.
(2) JOHN L. SWAFFORD II	2.00	v		x				1 000	0.	0
TREASURER	2.00	X		A	-	-	-	1,800.		0.
(3) MATTHEW A. SWAFFORD	2.00	x		ĺ				0.	0.	0.
JUNIOR STEWART (4) JASON R. ROBERTSON	2.00		-	-		-				
WORSHIPFUL MASTER	2.00	х		X				0.	0.	0.
(5) MEEHAN "MIKE" SHAFA	2.00					1				<u>~_</u>
CHAPLAIN		Х		ļ		ļ		0.	0.	0.
(6) RICHARD F. MOORE	2.00									
SECRETARY		X		X				3,600.	0.	0.
(7) RYAN A. SWAFFORD	2.00	j		ļ		ļ	}			İ
JUNIOR DEACON	<u> </u>	X		<u> </u>	_	<u> </u>	L	0.	0.	0.
(8) NAVID SHAFA	2.00	!		ł		ł	ĺ]	_ 1	_
SENIOR DEACON		Х			ļ		<u> </u>	0.	0.	0.
(9) MATHEW J. ATKINS	2.00		·						^	•
JUNIOR WARDEN	2 00	Х	ļ	X			<u> </u>	0.	0.	0.
(10) MICHAEL J. KIELGASS	2.00	х					ŀ	0.	0.	0.
SENIOR STEWART	2.00	Λ	-		\vdash	[-			<u> </u>
(11) JOHN L. SWAFFORD TYLER	2.00	X						0.	0.	0.
(12) HOMERO J VARGAS	2.00		<u> </u>							<u>~·</u>
MARSHALL		x	i	ĺ				0.	0.	0.
					-					
									_	
						<u> </u>				
	 	<u> </u>	_		<u> </u>	-	<u> </u>			
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hig	ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per	(do	not c	Pos heck	2) ition ^{more}	l than	one	(D) Reportable compensation	(E) Reportable compensation			(F) timated nount of	
		week (list any hours for related organizations below (ine)	stee or director			Key employee		tee)	from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	i s	com fr org	other pensation the anization d related	on on d
										!				
1b	Sub-total								5,400.		0.			0.
c	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)							<u> </u>	5,400.		0.			0.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed al	bove	e) wh	no re	eceived more than \$100	0,000 of reportab	le			
	compensation from the organization												1	0
													Yes	No
3	Did the organization list any former officer,		ıste	e, ke	ey er	nplo	yee,	or I	highest compensated e	mployee on				7.7
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si		ام مر			tion		1 044	nor componentian from	the erganization		3		X
7	and related organizations greater than \$15											4	- 1	X
5	Did any person listed on line 1a receive or													
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	on					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest countries the organization. Report compensation for										pens	ation f	rom	
	(A)	trie caleridar y	cai (enui	ng v	VILLI	OI W		(B)	yeai		(C	3	
	Name and business	address	N	INC	3				Description of s	services		ompe		
								ļ						
		. == _ ,		-										
								\dashv					<u> </u>	
								\dashv						
								-						<u>.</u>
	Total number of independent controls in	notudina hiit =	O4 In		4 *-	the	oo to		l above) who received =	nore then				
2	Total number of independent contractors (in \$100,000 of compensation from the organic	Ť	UL III		u 10	_	se iis)	_		IOIE HIAII				
												Form	990 (20	316)

Pa	rt VII	Statement of Reve	nue					
	<u> </u>	Check if Schedule O cont	tains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b			 		}
A, G	С	Fundraising events	1c					
ar a	d	Related organizations	1d			1		
S,E	е	Government grants (contribut	tions) 1e					
r S	f	All other contributions, gifts, gran	nts, and					
호		similar amounts not included abo	ove 1f					
발	g	Noncash contributions included in lines	s 1a-1f \$	}]		
<u>8</u> 6	<u>h</u>	Total. Add lines 1a 1f		▶				
e l	2 a	MEMBERSHIP DUES		Business Code 900099	_7,237.			
Program Service Revenue	b							
Se	С							
eve	d							<u> </u>
P. Og	е							
₫	f	All other program service reve	enue					
	<u></u> g	Total. Add lines 2a-2f		•	7,237.			<u> </u>
	3	Investment income (including other similar amounts)	dividends, intere	est, and	16,051.			16,051.
	4	Income from investment of ta	v avemnt hand r	roceeds	10,031.			10,051.
	4 5	Royalties	ix-exempt bond p	oloceeds -		 		
	5	noyaities	(ı) Real	(II) Personal				
	6.0	Gross rents	(l) rical	(ii) r ersonar				
	b							
		D 1				ĺ		
ļ	د د	Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
1	1 4	assets other than inventory	45,038.			1		
	ь.	Less: cost or other basis	15,050.	<u> </u>]		
	J	and sales expenses	24,168.					
- 1	_	Gain or (loss)	20,870.			ļ		
		Net gain or (loss)	20,010.	>	20,870.			20,870.
_ [Gross income from fundraisin	a events (not		2070700			2070700
Other Revenue	0 4	including \$	=			}		
Ş		contributions reported on line				[
æ		Part IV, line 18	a,. a	1				
를	6	Less direct expenses	b					
δ		Net income or (loss) from fund	_	—				
1		Gross income from gaming a						1
,	-	Part IV, line 19	а	,		ļ		1
	b	Less: direct expenses	b					
ł		Net income or (loss) from gan	_			}		
		Gross sales of inventory, less					 	
ĺ		and allowances	а	[[
į	b	Less cost of goods sold	b					1
		Net income or (loss) from sale	_	•				
Ì		Miscellaneous Revenu		Business Code				
ſ	11 a							<u> </u>
	b							
Ì	С							
]	d	All other revenue						
l	е	Total. Add lines 11a-11d		▶				
ł	12	Total revenue. See instructions.			44,158.	7,237.	0	. 36,921.

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Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) (D) Fundraising Do not include amounts reported on lines 6b. Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 2,200 2,200 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 25,000 25,000 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 5,400 5,400 Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees) a Management Legal b 950 950 Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 5,416. 5,416. Office expenses 13 1,000. 1,000 14 Information technology Royalties 15 2,700 2,700 Occupancy 16 2,046 2,046 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 Insurance 23 Other expenses, Itemize expenses not covered 24 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.) 5,016. 5,016. MEETING EXPENSES 1,250. 1,250. DUES PAID FOREIGN TAX PAID 321 321 d INVESTMENT FEES 150 150 e All other expenses 0. Total functional expenses. Add lines 1 through 24e 51,449 51,449 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)

Form 990 (2016)
Part X | Balance Sheet

	rt X	Check if Schedule O contains a response or not	e to any line in this Part X_			
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		37,906.	1	23,165 242
	2	Savings and temporary cash investments		956.	2	242
	3	Pledges and grants receivable, net	Į.		3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo	rmer officers, directors,			
	i	trustees, key employees, and highest compensa	ited employees Complete			
		Part II of Schedule L			5_	
	6	Loans and other receivables from other disqualif	ied persons (as defined under			
		section 4958(f)(1)), persons described in section	į į			
		employers and sponsoring organizations of sect	- 1		. 1	
'n		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net			7	
¥	8	Inventories for sale or use	Ţ		8	
	9	Prepaid expenses and deferred charges		· · · · · · · · · · · · · · · · · · ·	9	
	_	Land, buildings, and equipment cost or other	ı (
	100	basis Complete Part VI of Schedule D	10a		}	
	b		10b		10c	
	11	Investments - publicly traded securities	100	780,653.	11	806,654
	12	Investments - other securities See Part IV, line 1	1	,007,000	12	
	13	Investments · program-related See Part IV, line 1	<u> </u>		13	
	14	Intangible assets	''		14	
	15	Other assets See Part IV, line 11	ţ		15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	819,515.	16	830,061
	17	Accounts payable and accrued expenses	a mile e i)	023,020	17	0007002
	18	Grants payable	Ţ		18	
	19	Deferred revenue	Ţ.		19	
	20	Tax-exempt bond liabilities	<u></u>		20	
	21	Escrow or custodial account liability. Complete F	Part IV of Schedule D		21	
w	22	Loans and other payables to current and former				
		key employees, highest compensated employee				
Liabilities	}	Complete Part II of Schedule L	o, and diequalines percent		22	
=	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay	·			
	~~	parties, and other liabilities not included on lines	i i			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25	f	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958	check here X and			<u> </u>
S		complete lines 27 through 29, and lines 33 an				
ဥင	27	Unrestricted net assets		819,515.	27	830,061
<u> </u>	28	Temporarily restricted net assets	·		28	
Ď B	29	Permanently restricted net assets	Ī		29	
rund balances		Organizations that do not follow SFAS 117 (A	SC 958), check here			
<u>.</u>		and complete lines 30 through 34.	,,			
is.	30	Capital stock or trust principal, or current funds			30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
ž	32	Retained earnings, endowment, accumulated in			32	
Ž	33	Total net assets or fund balances		819,515.	33	830,061.
	34	Total liabilities and net assets/fund balances	ţ	819,515.	34	830,061.
_		TOTAL MADERIAL PROPERTY AND ASSESSMENT OF THE PARTY OF TH				Form 990 (2016

FREE & ACCEPTED MASONS

	990 (2016) ARK LODGE 126	91-022	6993	Pag	_{je} 12	
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	r			X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>58.</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>49.</u>	
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>91.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	819			
5	Net unrealized gains (losses) on investments	5	16	, 4	<u>52.</u>	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior penod adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1	. , 3	85.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	830	0,0	<u>61.</u>	
Pa	t XIII 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 X Accrual Other		1 1	- 1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.		1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1 1	į		
	separate basis, consolidated basis, or both		1 1	ļ		
	Separate basis Consolidated basis Both consolidated and separate basis			}		
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	1 1	- (
	consolidated basis, or both		1 1	1		
	Separate basis Consolidated basis Both consolidated and separate basis		1	1		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	1 1	l		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	{		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	1 1	}		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	1 1	}		
	Act and OMB Circular A-133?		3a		_X_	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	l		
			Form 9	990 (2016)	

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Inspection

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

Employer identification number

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization	FREE & ACCEPTED MASONS ARK LODGE 126	Employer identification number 91-0226993
FORM 990, PART	I, LINE 1, DESCRIPTION OF ORGANIZ	ATION MISSION:
SPEAK SPONSORED	BY THE SCOTTISH RITE	
FORM 990, PART	VI, SECTION A, LINE 6:	
THE ORGANIZATIO	N IS FRATERNAL IN NATURE AND IS M	MADE UP OF MANY MEMBERS
AFFILIATED BY C	OMMON PRINCIPLES AND IDEALS	
FORM 990, PART	VI, SECTION A, LINE 7A:	
THE MEMBERS OF	THE ORGANIZATION ELECT THE BOARD	
FORM 990, PART	VI, SECTION A, LINE 7B:	
THE BOARD MAKES	THE MAJORITY OF THE DECISIONS, A	LTHOUGH CRITICAL AND
SIGNIFICANT ORG	ANIZATIONAL ITEMS WOULD BE PUT TO	A MEMBERSHIP VOTE
FORM 990, PART	VI, SECTION B, LINE 11B:	
THE TREASURER R	EVIEWS THE FORM 990 PRIOR TO FILI	NG WITH A COPY BEING GIVEN
TO THE BOARD IF	DESIRED	
FORM 990, PART	VI, SECTION B, LINE 15A:	
THE COMPENSATIO	N OF THE OFFICERS IS SET BY THE E	SOARD AFTER THE REVIEW OF
COMPARABLE COMP	ENSATION	
FORM 990, PART	VI, SECTION C, LINE 19:	
DOCUMENTS WOULD	BE PROVIDED UPON REQUEST	
FORM 990, PART	XI, LINE 9, CHANGES IN NET ASSETS	5:

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

632211 08-25-16

Schedule O (Form 990 or Name of the organization		MASONS	Employer identification number
•	ARK LODGE 126		91-0226993
NON-DIVIDEND	DISTRIBUTIONS		1,385.
		·····	
			