

## 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](http://www.irs.gov/form990).

<b>A For the 2016 calendar year, or tax year beginning</b> 5/01		<b>, 2016, and ending</b> 4/30		<b>, 2017</b>			
<b>B Check if applicable</b>		<b>C</b>		<b>D Employer identification number</b>			
<input checked="" type="checkbox"/> Address change		FREE & ACCEPTED MASONS OF WASHINGTON (DBA LAKESIDE LODGE 258)		23-7197102			
<input type="checkbox"/> Name change		8561 WILLOWS ROAD NE		E Telephone number			
<input type="checkbox"/> Initial return		REDMOND, WA 98052		425-746-8837			
<input type="checkbox"/> Final return/terminated				<b>G Gross receipts \$</b> 1,205,531.			
<input type="checkbox"/> Amended return							
<input type="checkbox"/> Application pending							
		<b>F Name and address of principal officer</b> SAME AS C ABOVE		<b>H(a) Is this a group return for subordinates?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>I Tax-exempt status</b>		501(c)(3)	<input checked="" type="checkbox"/> 501(c) (10) (insert no)	4947(a)(1) or	527	<b>H(b) Are all subordinates included?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)	
<b>J Website:</b>		N/A				<b>H(c) Group exemption number</b>	
<b>K Form of organization</b>		Corporation	Trust	<input checked="" type="checkbox"/> Association	Other	<b>L Year of formation</b>	
						<b>M State of legal domicile</b> WA	

<b>Part I Summary</b>					
<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities <b>SEE SCHEDULE O</b>				
	-----				
	-----				
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	5		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0		
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0		
6 Total number of volunteers (estimate if necessary)	6	0			
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.			
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.			
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year	
	9 Program service revenue (Part VIII, line 2g)			12,114.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			180,432.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			192,546.	
	<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)			
		14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)					
16a Professional fundraising fees (Part IX, column (A), line 11e)					
b Total fundraising expenses (Part IX, column (D), line 25) ►					
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				14,186.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)				14,186.	
19 Revenue less expenses Subtract line 18 from line 12			178,360.		
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year		
	21 Total liabilities (Part X, line 26)	64,293.	3,379,284.		
	22 Net assets or fund balances Subtract line 21 from line 20	0.	0.		
		64,293.	3,379,284.		

<b>Part II Signature Block</b>					
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					
<b>Sign Here</b>		<b>Date</b> 12/07/2017			
	► <b>GENE ULRICH</b> Type or print name and title	<b>TREASURER</b>			
<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b> MICHAEL R. AMMERMAN	<b>Preparer's signature</b> MICHAEL R. AMMERMAN	<b>Date</b> 11/14/17	<b>Check</b> <input type="checkbox"/> <b>if</b> self employed	<b>PTIN</b> P00958384
	Firm's name ► MICHAEL R. AMMERMAN CPA, P.S.	Firm's EIN ► 91-1747420			
	Firm's address ► 14670 N.E. 8TH ST., STE 205 BELLEVUE, WA 98007-4127				
	Phone no (425) 747-1800				

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

Yes  No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 11/16/16

Form 990 (2016)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III 

- 1 Briefly describe the organization's mission

SEE SCHEDULE O

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior

Form 990 or 990-EZ?

 Yes  No

If 'Yes,' describe these new services on Schedule O

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If 'Yes,' describe these changes on Schedule O.

 Yes  No

- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_) including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

TO PROVIDE MEETING SPACE FOR MASONIC LODGES, OTHER AFFILIATED GROUPS AND RELIGIOUS ORGANIZATIONS.

4b (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_) including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4c (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_) including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4d Other program services (Describe in Schedule O)

(Expenses \$ \_\_\_\_\_) including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses ► 2,796.

## Part IV | Checklist of Required Schedules

- 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 1 X
- 2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)? 2 X
- 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 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
- 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 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, VII, VIII, IX, or X as applicable
  - a 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
  - b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 11b X
  - c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 11c X
  - d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 11d X
  - e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 11e X
  - f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X 11f X
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII 12a X
- 12b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X
- 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X
- 14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV 14b 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 X
- 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 (see instructions) 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 X
- 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 X

**Part IV Checklist of Required Schedules (continued)**

	<b>Yes</b>	<b>No</b>
<b>20a</b> Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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		X
<b>22</b> 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		X
<b>23</b> 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		X
<b>24a</b> 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		
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II		X
<b>27</b> 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		X
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		
<b>c</b> 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		
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		X
<b>33</b> 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		X
<b>34</b> 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		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		
<b>37</b> 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		
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		X

**Part 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
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	0
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0
1 c	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	
2 a	2 a 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	2 a	0
2 b	b 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)	2 b	
3 a	3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3 a	X
3 b	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O . . . . .	3 b	
4 a	4 a 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)? . . . . .	4 a	X
b	b 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)	b	
5 a	5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5 a	X
b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	b	X
c	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? . . . . .	c	
6 a	6 a 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? . . . . .	6 a	X
b	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	b	
7	<b>7 Organizations that may receive deductible contributions under section 170(c).</b>	7	
a	a 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? . . . . .	a	X
b	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . .	b	
c	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	c	X
d	d If 'Yes,' indicate the number of Forms 8282 filed during the year	d	
e	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	e	X
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	f	X
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	g	
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	h	
8	<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	8	
9	<b>9 Sponsoring organizations maintaining donor advised funds.</b>	9 a	
a	a Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	a	
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	b	
10	<b>10 Section 501(c)(7) organizations.</b> Enter	10 a	
a	a Initiation fees and capital contributions included on Part VIII, line 12	a	
b	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	b	
11	<b>11 Section 501(c)(12) organizations.</b> Enter	11 a	
a	a Gross income from members or shareholders	a	
b	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	b	
12 a	<b>12 a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12 a	
b	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	b	
13	<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13 a	
a	a Is the organization licensed to issue qualified health plans in more than one state? . . . . .	a	
Note. See the instructions for additional information the organization must report on Schedule O			
b	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	b	
c	c Enter the amount of reserves on hand	c	
14 a	<b>14 a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14 a	X
b	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O . . . . .	b	

**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.

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		5	
1b			
2		X	
3		X	
4		X	
5		X	
6		X	
7a		X	
7b		X	
8a	X		
8b	X		
9		X	

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a		X
b		
11a	X	
b		
12a		X
b		
c		
13		
14		
15		
a		
b		
If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a		X
b		
16b		

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ►	<u>NONE</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply	
	<input type="checkbox"/> Own website	<input type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> Upon request	<input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year ►	<u>SEE SCHEDULE O</u>
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►	<u>GENE ULRICH 8561 WILLOWS ROAD NE REDMOND WA 98052 206-755-6801</u>

**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

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) Name and Title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Former highest compensated		
(1) MICHAEL CAMPBELL PRESIDENT	3 0				X			0.	0.
(2) VINCENZO SAINATO VICE PRESIDENT	3 0				X			0.	0.
(3) PHU HUYNH VICE PRESIDENT	3 0				X			0.	0.
(4) W. DEAN MARKLEY SECRETARY	3 0				X			0.	300.
(5) GENE ULRICH TREASURER	3 0				X			0.	300.
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									

**Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Institutional trustee	Officer	Key employee			
(15)								
(16)								
(17)								
(18)								
(19)								
(20)								
(21)								
(22)								
(23)								
(24)								
(25)								

1 b Sub-total ► 0. 0. 600.

c Total from continuation sheets to Part VII, Section A ► 0. 0. 0.

d Total (add lines 1b and 1c) ► 0. 0. 600.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

**Section B. Independent Contractors**

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) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line 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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	1b Membership dues	1b	9,744.		
	1c Fundraising events	1c			
	1d Related organizations	1d			
	1e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above ..	1f	2,370.		
	g Noncash contributions included in lines 1a-1f. \$				
<b>h Total. Add lines 1a-1f</b>		12,114.			
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
<b>g Total. Add lines 2a-2f</b>					
3	Investment income (including dividends, interest and other similar amounts)		8,896.		8,896.
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
6a	Gross rents	(i) Real	(ii) Personal		
b	Less rental expenses				
c	Rental income or (loss)				
d	Net rental income or (loss)				
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	1,184,521.				
b	Less cost or other basis and sales expenses	1,012,985.			
c	Gain or (loss)	171,536.			
d	Net gain or (loss)		171,536.	171,536.	
8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c)				
	See Part IV, line 18	a			
b	Less direct expenses	b			
c	Net income or (loss) from fundraising events				
9a	Gross income from gaming activities See Part IV, line 19	a			
b	Less direct expenses	b			
c	Net income or (loss) from gaming activities				
10a	Gross sales of inventory, less returns and allowances	a			
b	Less cost of goods sold	b			
c	Net income or (loss) from sales of inventory				
	Miscellaneous Revenue	Business Code			
11a					
b					
c					
d	All other revenue				
e	<b>Total. Add lines 11a-11d</b>				
<b>12 Total revenue. See instructions</b>		192,546.	171,536.	0.	8,896.

**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17	2,500.	2,500.		
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	151.	151.		
12 Advertising and promotion				
13 Office expenses	550.	550.		
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	1,225.	1,225.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	350.	350.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	446.	446.		
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 <u>CHARITY DONATIONS</u>	2,400.	2,400.		
b <u>GRAND LODGE PER CAPITA</u>	2,331.	2,331.		
c <u>MEETING REFRESHMENTS</u>	1,571.	1,571.		
d <u>PRINTING AND PUBLICATIONS</u>	720.	720.		
e All other expenses SEE SCH. O	1,942.	1,942.		
25 Total functional expenses Add lines 1 through 24e	14,186.	2,796.	11,390.	0.
26 <b>Joint costs.</b> 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)				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year	(B) End of year		
<b>Assets</b>	1 Cash – non-interest-bearing.	8,037.	1 5,969.		
	2 Savings and temporary cash investments	35,112.	2 8,630.		
	3 Pledges and grants receivable, net	3			
	4 Accounts receivable, net	4			
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	6			
	7 Notes and loans receivable, net	7			
	8 Inventories for sale or use	8			
	9 Prepaid expenses and deferred charges	9			
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	b Less accumulated depreciation.	10b	10c		
	11 Investments – publicly traded securities	21,144.	11 3,364,685.		
	12 Investments – other securities See Part IV, line 11	12			
	13 Investments – program-related See Part IV, line 11	13			
	14 Intangible assets	14			
	15 Other assets See Part IV, line 11	15			
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>64,293.</b>	<b>16</b>	<b>3,379,284.</b>		
<b>Liabilities</b>	17 Accounts payable and accrued expenses	17			
	18 Grants payable	18			
	19 Deferred revenue	19			
	20 Tax-exempt bond liabilities	20			
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21			
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22			
	23 Secured mortgages and notes payable to unrelated third parties	23			
	24 Unsecured notes and loans payable to unrelated third parties	24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	25			
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>0.</b>	<b>26</b>	<b>0.</b>	
	<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
		27 Unrestricted net assets	64,293.	27 3,379,284.	
		28 Temporarily restricted net assets	28		
		29 Permanently restricted net assets	29		
		Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
		30 Capital stock or trust principal, or current funds	30		
31 Paid-in or capital surplus, or land, building, or equipment fund		31			
32 Retained earnings, endowment, accumulated income, or other funds		32			
33 Total net assets or fund balances		64,293.	33 3,379,284.		
34 Total liabilities and net assets/fund balances		64,293.	34 3,379,284.		

BAA

Form 990 (2016)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1 Total revenue (must equal Part VIII, column (A), line 12)	1	192,546.
2 Total expenses (must equal Part IX, column (A), line 25)	2	14,186.
3 Revenue less expenses Subtract line 2 from line 1	3	178,360.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	64,293.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	9	3,136,631.
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,379,284.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII. 

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2b Were the organization's financial statements audited by an independent accountant?	2b	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
2c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, 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 Schedule O		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
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	

**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.

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

OMB No 1545-0047

**2016**Open to Public  
Inspection

Name of the organization

FREE & ACCEPTED MASONS OF WASHINGTON  
(DBA LAKESIDE LODGE 258)Employer identification number  
23-7197102**FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES**

TO DEVELOP AND IMPLEMENT PROGRAMS TO ASSIST THE LODGES IN BECOMING MORE VISIBLE AND ACTIVE IN THE COMMUNITIES. TO PROMOTE FRIENDSHIP, MORALITY, AND BROTHERLY LOVE THROUGHOUT THE STATE. TO FACILITATE THE CHARITABLE OUTREACH OF THE GRAND LODGE OF WASHINGTON. TO PROMOTE HONOR, INTEGRITY, AND TRUTH TO ALL MEN.

**FORM 990, PART III, LINE 1 - ORGANIZATION MISSION**

TO DEVELOP AND IMPLEMENT PROGRAMS TO ASSIST THE LODGES IN BECOMING MORE VISIBLE AND ACTIVE IN THE COMMUNITIES. TO PROMOTE FRIENDSHIP, MORALITY, AND BROTHERLY LOVE THROUGHOUT THE STATE. TO FACILITATE THE CHARITABLE OUTREACH OF THE GRAND LODGE OF WASHINGTON. TO PROMOTE HONOR, INTEGRITY, AND TRUTH TO ALL MEN.

**FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS**

THE TREASURER BRINGS A COPY OF THE RETURN TO THE OFFICER MEETING FOR REVIEW.

**FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE**

THE RETURN IS AVAILABLE FOR REVIEW UPON REQUEST. NO OTHER DOCUMENTS ARE AVAILABLE FOR REVIEW.

**FORM 990, PART IX, LINE 24E  
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
DISTRICT MEETING	100.		100.	
GIFTS	387.		387.	
INSTALLATION	500.		500.	
MISCELLANEOUS	50.		50.	
POSTAGE AND SHIPPING	305.		305.	
SECRETARY & TREASURER STIPEND	600.		600.	
TOTAL	<u>\$ 1,942.</u>	<u>\$ 0.</u>	<u>\$ 1,942.</u>	<u>\$ 0.</u>

**FORM 990, PART XI, LINE 9  
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

TRANSFER OF ASSETS FROM BELLEVUE MASONIC TEMPLE ASSOCIATION

TOTAL \$ 3,136,631.