OMB No. 1545-1150

2017

Open to Public

▶ Do not enter social security numbers on this form as it may be made public.

•	inter	nal Reve	nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest informati	on. 17 \	mopodion			
0	Ā	For the	2017 calenda	17/30	, 2 0 זיל				
ON	В	Check if a	pplicable		er identification number				
90		Address o	change	Abcient Free & Accented Masons O	23-75	43 722227027			
		Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telepho	ie namber			
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1 0	=	Fınai r et ui Amended	m/terminated	City or town, state or province, country, and ZIP or foreign postal code Amelia 1/2 23002		Exemption			
$\tilde{\sim}$	=		on pending		Number ▶				
8	G /	Accoun	ting Method	AmeliA , Ve. 23002 ☐ Cash ☐ Accrual Other (specify) ► He	Check ▶	if the organization is not			
~		Vebsite	-			attach Schedule B			
	J T	ax-exer	npt status (che			m 990, 990-EZ, or 990-PF).			
~~				☐ Corporation ☐ Trust ☐ Association ☐ Other					
4	LA	\dd line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets	·			
2	(Pai	rt II, col	umn (B) belov	v) are \$500,000 or more, file Form 990 instead of Form 990-EZ	▶	\$			
	P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruction	ons for Part I)			
				the organization used Schedule O to respond to any question in this Part I					
`		1		ons, gifts, grants, and similar amounts received		i I			
rs.		2		ervice revenue including government fees and contracts,		2			
Č		3		ip dues and assessments					
≩		4	Investment			7.1817. 17			
SCANNED		5a	Gross amo	unt from sale of assets other than inventory 5a	54				
M		b		or other basis and sales expenses		, *			
		С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5	c			
MAY		6		d fundraising events		₹ 1			
=		а	Gross inc	ome from gaming (attach Schedule G if greater than	, .	3			
8	Ē				į,	<u> </u>			
8	Ş	b	Gross inco	me from fundraising events (not including \$ 27, 172 50 of contribution	s				
2018	Revenue	l		aising events reported on line 1) (attach Schedule G if the	- - - - - - - - - - - - -	, b			
<u></u>			sum of suc	h gross income and contributions exceeds \$15,000) 6b 27 172	50				
		С	Less: direc		Lin 🕽				
.1		d	Net income	e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract				
4			line 6c) .		· · 6	d 74.752.00			
		7a	Gross sale:	s of inventory, less returns and allowances					
•		b	Less: cost	of goods sold					
		С	Gross prof	t or (loss) from sales of inventory (Subtract line 7b from line 7a)	7	С			
		8		nue (describe in Schedule O)	[8	1 1 th 1 th 1 th 1 th 1			
		9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 🕨	37,003.55			
		10		similar amounts paid (list in Schedule O)	<u>1</u>	0			
		11	•	id to or for members	1				
	Expenses	12		her compensation, and employee benefits		2			
	Sue	13		al fees and other payments to independent contractors .	11				
	ğ	14		v, rent, utilities, and maintenance MAR 2.7.2	2018 <u>Id</u>				
	Ш	15		blications, postage, and shipping	<u>4</u>				
		16		nses (describe in Schedule O)	:: -				
		17	Total expe	nses. Add lines 10 through 16	1	7 37.170.66			
	ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	1	8 97/189			
	ssets	19	Net assets	or fund balances at beginning of year (from line 27, column (A)) (must agree	with 📜				
	نو	ı	eno-ot-yea	r figure reported on prior year's return)		0 1 7// 1.70 00			

Other changes in net assets or fund balances (explain in Schedule O) .

For Paperwork Reduction Act Notice, see the separate instructions.

Net assets or fund balances at end of year. Combine lines 18 through 20

20

21

Cat. No. 10642I

Form 990-EZ (2017)

Pai	Balance Sheets (see the instruction					
	Check if the organization used Sched	ule O to respond to a				<u> </u>
	*		<u> </u> -	(A) Beginning of year) End of year
22	Cash, savings, and investments					3,371
23	Land and buildings					7,800
24 25	Other assets (describe in Schedule O)		· · · · · - -			5218
26	Total assets		<i>.</i>		25 <u>]</u> 26	<u> ለለ . ሀገጻ</u>
27	Net assets or fund balances (line 27 of colu		h line 21)			((1,20
Par						44.718
	Check if the organization used Sched	-				Expenses
What	is the organization's primary exempt purpose?		<u>.</u>			red for section
Desc as m	ribe the organization's program service accompassive accompassive by expenses. In a clear and concise ons benefited, and other relevant information for	plishments for each of manner, describe the	of its three largest page services provided	ogram services, , the number of		3) and 501(c)(4) zations; optional for)
28						
	(Grants \$) If this amount	unt includes foreign gr	ants, check here .	▶ □	28a	
29	(Grants \$) If this amount	unt includes foreign gr			29a	
30	(Grants \$) If this amou	unt includes foreign gr			30a	•
31	Other program services (describe in Schedule	0)			Sua	
	(Grants \$) If this amount	unt includes foreign gr	ants, check here	▶ □	31a	
		Rathrough 21al		▶ 1	32	
	Total program service expenses (add lines 2					<u> </u>
32 Pari	List of Officers, Directors, Trustees, and	Key Employees (list eac	h one even if not comp	ensated—see the ins	struction	
		Key Employees (list eac	h one even if not comp	pensated—see the ins Part IV	struction	
Part	List of Officers, Directors, Trustees, and Check if the organization used Sched (a) Name and title	Key Employees (list each ule O to respond to a (b) Average hours per week	h one even if not comp iny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the instant IV	struction	stimated amount of
Part	List of Officers, Directors, Trustees, and Check if the organization used Sched	Key Employees (list each ule O to respond to a (b) Average hours per week	h one even if not comp iny question in this I (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the instant IV	struction	stimated amount of
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Did the organization engage in any significant activity not previously reported to the IRS7 if "Yes," provide a detailed description of each activity in Schedule O and the state of the s	Par	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s in th	1е	aye C
33 Did the organization engage in any significant activity not previously reported to the IRS7 If "Yes," provide a detailed description of each activity in Schodule O. 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 1 If "Yes" to line 35a, has the organization as for prompting they see in the section 603(9) notice reporting, and provy tax requirements during the year? If "Yes," complete Schedule O. Part III 35b. 35c July 1 If "Yes" complete spiciable parts of Schedule N. 37d State organization undergo a liquidation, dissolution, termination, or significant disposition of net asset during the year? If "Yes," complete Schedule N. 37d State organization undergo a liquidation, dissolution, termination, or significant disposition of net asset during the year? 37d State organization undergo a liquidation, dissolution, termination, or significant disposition of net asset during the year? 37d State organization with the complex schedule N. 37d State organization with the properties of Schedule N. 37d State organization life Form 1120-POL for this year? 37d State organization life Form 1120-POL for this year? 37d State organization life Form 1120-POL for this year? 37d State organization life Form 1120-POL for this year? 37d State organization life Form 1120-POL for this year? 37d State organization life Form 1120-POL for this year? 37d State organization life Form 1120-POL for this year? 37d State organization life Form 1120-POL for this year? 37d State organization life Form 1120-POL for this year? 37d State organization life Form 1120-POL for this year life end or the state organization life organization life organi	-	included to the control of the organization used ochequie of to respond to any question in the	S Fail		
44 Were any significant changes made to the organizing or governing documents? If "ves." attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 35 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes" to line 35a, has the organization filled a Form 190-1 for the year! "If "Yes," complete Schedule C, Part III organization as eaction 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice of was the organization as eaction 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice organization programs as eaction 501(c)(6), organization promoting on lines of the section of	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "Yes" to line 35a, has the organization fled a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 603(e) notice, reporting, and prizely fax requirements during the year? If "Yes," complete splicable parts of Schedule N. Part III. 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete splicable parts of Schedule N. Part III. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ [37a] 37b Did the organization borrow from, or make any loans to, any officer, director, fustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved	34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			7
b II "Yes" to line 35a, has the organization in section 501(c)(d), and 501(c)(d) organization in any time during the year, organization to section 603(d), 501(c)(d), and 501(c)(d) organization in section 405(d), 501(c)(d), 501(c)(d), and 501(c)(d) organization in support organization in graphization by a financial account in a foreign country; ▶ Section 501(c)(d), 501(c)(d), and 501(c)(d) organizationis. Enter amount of tax imposed on the organization the graphization section 4051(e)(d), 501(c)(d), and 501(c)(d) organizations. Did the organization during the year under: section 4911 ▶ Section 501(c)(d), 501(c)(d), and 501(c)(d) organizations. Did the organization and section 4911 ▶ Section 501(c)(d), 501(c)(d), and 501(c)(d) organizations. Did the organization appear in any section 495(e) excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I organizations. Enter amount of tax imposed on organization and section 491(c)(d), 501(c)(d), and 501(c)(d) organizations. Enter amount of tax imposed on organization and section 491(c)(d), 501(c)(d), 501(c)(d)	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?			y
c Was the organization a section 501(c)(4), 501(c)(6), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . 35c Joint the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37a Inter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b	h			<u> </u>	Y_
Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yee," complete applicable parts of Schedule N 37a 37b 28a 38b 38a		Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,		_	
Teler amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		7.
b Did the organization file Form 1120-PQL for this year? 88 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L. Part II and enter the total amount involved 38b 39b	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		- 4 -	, ,
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved		Did the organization file Form 1120-POL for this year?	37b		v
b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: Inhatition fees and capital contributions included on line 9 39 Gross receipts, included on line 9, for public use of club facilities 39 Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 39 section 4915 ★ 39 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ7 If "Yes," complete Schedule L, Part I 40 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 42 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40 reimbursed by the organization 42 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 886-T 42 The organization's books are in care of ▶ 11		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		v
39 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 B Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ :section 4912 ▶ :section 4915 ▶ :section 4911 ▶ :section 4915 ▶ :section 4915 ▶ :section 4911 ▶ :section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ 1/2 The organization's books are in care of ▶ 1/2 ★ 1	b			, ,	, .j
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in any section 4958 excess benefit transaction during the year, or did it engage in any excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 1 List the states with which a copy of this return is filed ▶ 1 Telephone no. ▶ 60.1	39	Section 501(c)(7) organizations. Enter:	1		1.13
Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ section 4912 psection 4912 section 4915 psection 4915 psection 4916 psection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 psection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization psection 4916 psection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization psection 4916 psecti	а	Initiation fees and capital contributions included on line 9] .		
section 4911 ▶ section 4912 ▶ section 4955 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T Located at ► 10.03 Fize Form's 3.04 / mellis. 12.00 / me]	۵, ۱ - ۱	
excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transactorn) if "Yes," complete Form 886-T. 1 List the states with which a copy of this return is filed ▶ 1 Telephone no. ▶201/ 561 201/5 Located at ▶41/0.3 file Torks and Impair 201/2 200/2 201/3 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)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ bid the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? If	40a	section 4911 ► ; section 4912 ► ; section 4955 ►		Standard	1
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on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ 11	c			7	
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List the states with which a copy of this return is filled ▶	е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		
The organization's books are in care of	41	List the states with which a copy of this return is filed ▶ 4.5	[100]		<u> </u>
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	42a	The organization's books are in care of Police To Also and Transport Transpo	567	20	116
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Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year					
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Form 99	90-EZ (2017)						_ F	Page 4		
46	Did the organization engage, directly or its candidates for public office? If "Yes,"	indirectly, in political c	ampaign activities	on behalf of	or in oppositio	n 46	Yes	No		
Part		s only ns must answer que	estions 4749b and	d 52, and c	omplete the	- 1	Or lin	es		
	Check if the organization used Sc	medule O to respond	to any question in	ulis Fait V		<u>· · · · · · · · · · · · · · · · · · · </u>	V	. <u> </u>		
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Pa	activities or have a	section 501(h) elect		during the ta		Yes			
48	-				 :	47	-	Y Y		
40 49a	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization?									
b	If "Yes," was the related organization a s					49a 49b	 -	×		
50	Complete this table for the organization's						es. an			
	employees) who each received more tha									
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contribution benefit plan	th benefits, is to employee s, and deferred ensation	e) Estimate other com				
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		<u> </u>								
	***************************************	1		İ	<u> </u>					
										
		4	1		1					
	•	1		}	j					
51	Total number of other employees paid or Complete this table for the organization \$100,000 of compensation from the organization	n's five highest compe	ensated independer	nt contracto	rs who each r	eceived	more	than		
	(a) Name and business address of each indepen	dent contractor	(b) Type of se	ervice	(c) C	ompensati	on			
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	Table		0400.000							
52	Total number of other independent contr	_		. -						
52	Did the organization complete Sched completed Schedule A	uie a? Note: aii se					П	No		
Under p	penalties of perjury, I declare that I have examined this	return, including accompan	ying schedules and state	ments, and to t	ne best of my know					
true, co	rrect, and complete. Declaration of preparer (other than	an officer) is based on all info	ormation of which prepare	er has any know	ledge.					
Sign	Signature d'officer Date									
Here	OLINF. AKERS,	2A 3-22-16								
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Paid	Print/Type preparer's name	Preparer's signature		Date	Check 🔲 ii					
Prep	1	self-employe			ed					
Use	Only Firm's name >			rm's EIN ▶						
May ti	Firm's address he IRS discuss this return with the prepare	er shown ahove? See				Phone no ▶ ☐ Yes ☐ No				
	a.a.a.a.a.a.a.a.a.a.a.a.a.a.a.a	31 31 3 W 1 4D 0 VE : OEE		· · · · · · · · · · · · · · · · · · ·	<u> </u>		_ليا ،			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

20**17**

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

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The Francisco Branch		
Form 101-ez Part 1, Line	8 Other Income	
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Form 090-Fr Part 1	Line 16	
Other Fynence		
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