(Rev. January 2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2019

▶ Do not enter social security numbers on this form as it may be made public: 🎢 🖒 Open to Public

Inte		ue Service	▶ Go to	www.irs.g	ov/Form990 for in:	tructio	ons and the lat	est im	forma	tion.	191 "	Inspection
A	For the	2019 calen	dar year, or tax year	beginning	1 January		, 2019, and en	ding	3	1 Dece	mber	, 20 19
В	Check if	applicable:	C Name of organization	<u>_</u> Hawailan	Lodge Free and A	ccepte	d Masons				D Emplo	yer identification number
	Address	change	Doing business as D	omestic F	aternal Lodge							99-0038171
$\overline{\sqcap}$	Name ch	_		•	mail is not delivered to	street	address)	Roos	m/suite	,	E Teleph	none number
$\overline{\Box}$	Initial ret	urn	1227 Makiki Street									808-942-4079
	Final retu	rn/terminated		r province, co	ountry, and ZIP or fore	gn post	al code					
\Box	Amende	d return -	Honolulu, Hawali 96	6813-1332							G Gross	receipts \$ 730427
	Applicati	on pending	F Name and address of	principal off	icer: Wor. Thomas	Davis			H(a)	ls this a gro	oup retum fo	r subordinates? 🔲 Yes 🗹 No
	, -		1227 Makiki Street,	Honolulu ł	II 96813		<i>`</i>	<u>(1)</u>	H(b)	Are all su	ubordinati	es included? 🗌 Yes 🔲 No
ī	Tax-exer	npt status:	501(c)(3)	501(c) (10) ◀ (insert no)	494	7(a)(1) or 52	γV		f "No," a	attach a lis	st. (see instructions)
J	Website	: > http://ha	awailanlodgefreema	sons.org					H(c)	Group e	xemption	number ►
K	Form of o	organization:	Corporation Trust	Associa	tion	ernal	L Year of fo	rmatio	n [.] 1	852	M State	of legal domicile: Hi
E	art I	Summa	ry									
_	1	Briefly des	cribe the organizat	ion's miss	ion or most signif	icant a	ctivities: A do	mest	ic frat	ernal M	lasonic	Lodge bestowing and
ě		maintaining	g the tenets of Freen	nasonry wi	th Its members an	d those	who seek me	mber	shlp.			
Activities & Governance			E									
ē	2	Check this	s box ▶ 🗌 if the org	ganization	discontinued its	perati	ions or dispos	sed of	more	than :	25% of	its net assets.
Š	3	Number of	f voting members o	f the gove	ming body (Part \	/I, line	1a)				3	Ę
9	4	Number of	f independent votin	g member	s of the governing	g body	(Part VI, line	1b)			4	359
Š	5	Total numb	ber of individuals er	nployed ir	n calendar year 20)19 (Pa	art V, line 2a)				5	(
2	6	Total numb	ber of volunteers (e	stimate if	necessary)						6	51
A	7a	Total unrel	lated business reve	nue from l	Part VIII, column	C), line	RIZ-CFIV	ΞĐ			7a	-0
	Ь	Net unrela	ted business taxab	le income	from Form 990-T	line 3	9		그었		7b	-0
	1					m		200	16	rior Yea	r	Current Year
d)	8	Contributio	ons and grants (Par	t VIII, line	1h)	j	AUG 1 4 2	U4U	(g)		61559	38858
Ž	9		ervice revenue (Par			°' _					-0-	-0
Revenue	10		t income (Part VIII,			d) .	OGDEN	UΤ	'		650012	441568
œ	11		enue (Part VIII, colur								182	1131
	12		nue-add lines 8 thr								711753	481557
	13		d similar amounts p								-0-	-0
	14	Benefits pa	aid to or for member	ers (Part IX	(, column (A), line	4) .		. [-0-	-0
s	45	•	ther compensation,	-						-	15775	14698
Expenses	16a	Profession	al fundraising fees	(Part IX, c	olumn (A), line 11	e) .		. [-0-	-0
ē	ь	Total fundi	raising expenses (P	art IX, col	umn (D), line 25)	>	-0) -				
ũ	17		enses (Part IX, colu					. [133023	129866
	18	Total expe	enses. Add lines 13-	-17 (must	equal Part IX, col	umn (A	A), line 25)	. \square			148798	145688
	19	Revenue le	ess expenses. Subt	ract line 1	8 from line 12 .						562955	335869
6	§							Be	ginninç	of Curr	ent Year	End of Year
Ssets Pelon	20	Total asset	ts (Part X, line 16)							9	246872	9673877
Ž,	21	Total liabili	ities (Part X, line 26))							-0-	-0
2	22	Net assets	or fund balances.	Subtract li	ne 21 from line 2	ο.		. [9	246872	9673877
P	art II	Signatu	re Block									
U	nder pena	Ities of perjury	, I declare that I have ex	amined this r	eturn, including accer	npanying	schedules and	stateme	ents, ar	nd to the	best of n	ny knowledge and belief, it is
tn	ue, correct	t, and complet	te. Declaration of prepare	other than	officer) is based on al	ınforma	ition of which pre	parer h	as any	knowled	lge. 	
_			1/8/1//		Must					IC	> Au	6 2020
Si	gn	Signati	tere of officer		7	•				Date		
	ere	K	OBJECT A.	Sedin	77	TR	KTEE					
		Type o	or print name and title		7	,						
_	. :	Print/Type	e preparer's name		Preparer's signature			Date)		Check [ıf PTIN
	aid	_]		J	self-emp	
	epare	E-maia aa-	me ►							Firm's	EIN ►	
U	se Onl	Firm's add							-	Phone		
Ma	y the IF		this return with the	preparer s	shown above? (se	e instr	uctions)					. Yes No
_			tion Act Notice, see	 	·· · · · · · · · · · · · · · · · · · ·			at. No	11282	Y		Form 990 (2019
	upcir											



-0-) (Revenue \$

6497

(Expenses \$

Total program service expenses ▶

-0- including grants of \$

DD

Part	Checklist of Required Schedules		T	
			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		1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		∀
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		→
4	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		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		√
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
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	1	
b		11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
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		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		\
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
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		1
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		√

Part	Checklist of Required Schedules (continued)		···	
			Yes	No
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	<u></u>	1
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		1
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		1
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 any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
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	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		
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		1
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		1
Part				
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10		-

Part '	Statements Regarding Other IRS Filings and Tax Compliance (continued)	-		
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		-	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			-
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
	If "Yes," enter the name of the foreign country ▶			<u> </u>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		1
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	<u> </u>		'
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<u> </u>
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.	-		i
	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			
	Enter the amount of reserves on hand			
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	}	
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes," complete Form 4720, Schedule O.			

rait	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change					
	Check if Schedule O contains a response or note to any line in this Part VI					. 🔽
Section	on 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	1a				
	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 on Schedule O.	ļ				
b	Enter the number of voting members included on line 1a, above, who are independent .	1b		4	·	
2	Did any officer, director, trustee, or key employee have a family relationship or a business	relatio	onship with			
	any other officer, director, trustee, or key employee?			2	<u> </u>	1
3	Did the organization delegate control over management duties customarily performed by or				1	
	supervision of officers, directors, trustees, or key employees to a management company or o			3	<u> </u>	✓
4	Did the organization make any significant changes to its governing documents since the prior For			4		
5	Did the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization.	on s a	isseis?.	6	1	✓
6	Did the organization have members or stockholders?	، ، ماممه		-	_ _	
7a	Did the organization have members, stockholders, or other persons who had the power to one or more members of the governing body?		or appoint	7a	1	İ
b	Are any governance decisions of the organization reserved to (or subject to approva		members			
U	stockholders, or persons other than the governing body?			7b	/	
8	Did the organization contemporaneously document the meetings held or written actions ur					
Ū	the year by the following:		mon danng			
а	The governing body?			8a	1	
b	Each committee with authority to act on behalf of the governing body?			8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be seen as a second section of the section of the second section of the section of t	ot be	reached at			
. =	the organization's mailing address? If "Yes," provide the names and addresses on Schedule			9		✓_
Section	on B. Policies (This Section B requests information about policies not required by the	e Inte	ernal Rever	rue C		
					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 o			10b	/	
11a	affiliates, and branches to ensure their operations are consistent with the organization's exem Has the organization provided a complete copy of this Form 990 to all members of its governing body before			11a	V	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		ng the form:		_ `	-
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		-
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	e rise	to conflicts?	12b	·····	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the					
-	describe in Schedule O how this was done			12c		ĺ
13	Did the organization have a written whistleblower policy?			13		✓
14	Did the organization have a written document retention and destruction policy?			14		✓_
15	Did the process for determining compensation of the following persons include a review a independent persons, comparability data, and contemporaneous substantiation of the deliberation					
а	The organization's CEO, Executive Director, or top management official			15a	✓	<u> </u>
b	Other officers or key employees of the organization			15b	✓	<u> </u>
	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 simulation at the state of the			16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization					
	participation in joint venture arrangements under applicable federal tax law, and take steps					
.	organization's exempt status with respect to such arrangements?			16b		✓
	on C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed	-\	O and 000	T (C		 -01/-\
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable (3)s only) available for public inspection. Indicate how you made these available. Check all that Own website Another's website Upon request Other (explain on So	t app	ly.	i (Sec	tion 5	001(C)
19	Describe on Schedule O whether (and if so, how) the organization made its governing doci and financial statements available to the public during the tax year.	ımen	ts, conflict o	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization	n's t	ooks and re	cords	•	

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Form		

Part VII	Compensa	tion of Officers	, Directors,	Trustees,	Key	Employees,	Highest	Comper	sated Er	nployees,	and
		nt Contractors									

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization not	r any relate	a org	anız	atic	on c	ompe	ensa	ited any current (onicer, director,	or trustee.
				(C)					
(A) Name and title	(B) Average			neck		e than o		(D) Reportable	(E) Reportable	(F) Estimated amount
	hours per week (list any hours for related organizations below dotted line)	Individua or directo		Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	of other compensation from the organization and related organizations
(1) Thomas L. Davis	ļ		l	١.						
Worshipful Master	10Hr/Wk		<u> </u>	✓	╙		<u> </u>	-0-	-0-	-0-
(2) Alberto P. Alarcon Treasurer	4Hr/Wk		1	1				300./Mo	3600 -0-	-0-
(3) Dennis S.A. Ing									المما	
Secretary	6Hr/Wk		1	1	L			600./Mo	1700 -0-	-0-
(4) Jose A. Raglies Tiler	6Hr/Wk			/				275./Mo	3300 0	-0-
(5) Robert A. Schultz		<u> </u>								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Trustee	2Hr/Wk]	1					50./Mo	(at) -o-	-0-
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)								-		
(14)					 					

Part	Section A. Officers, Directors,	rustees,	Ney I	=m	DIO.	yee	s, an	аг	lignest Compe	nsated	Emplo	yees (contil	nuea)
	(A) Name and title	(B) Average hours per week	box,	unies er and	Pos neck s pe d a d	rson Irect	than on the than or the than o	n an tee)	(D) Reportable compensation from the	(E Report compen from re	table isation elated	0	(F) ated am f other pensat	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizi (W-2/1099		1	om the ization organiz	and
(15)														
(16)														
(17)														
(18)														
(19)												,		
(20)														
(21)						-								
(22)														
(23)														
(24)														
(25)								_						
1b	Subtotal			•			•	•						
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			:				▶	14400					
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w	ho received more	e than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5										ensated	3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	portal	ble d	com	nper	nsatio	n a	nd other comper	nsation fr				
5	individual													<u> </u>
Secti	for services rendered to the organization? on B. Independent Contractors	? If "Yes," c	ompi	ete	Sch	nedu	ile J f	or s	uch person .	• • •	• •	5		✓
1	Complete this table for your five high compensation from the organization. Repo													
	(A) Name and business add						· · · · · ·	<u> </u>	(B) Description of serv			(C) Compens		

	Total number of independent contracto	re (includir	na hii	ıt n	ot I	imit	ad ta	th	ose listed above	a) who				
~	received more than \$100,000 of compens							, uľ	None	C) WITO				

Form 9	90 (2019	9)					Page \$
Part	VIII	Statement of Revenue					
		Check if Schedule O contains a respon	nse or note to an	y line in this Pa (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
σ σ	1a	Federated campaigns 1a	-0-				30010113 312-314
ant	b	Membership dues 1b	32270				
בַּ בַּ	С	Fundraising events 1c	-0-	· · · · · · · · · · · · · · · · · · ·			
ifts Ir A	d	Related organizations 1d	6588				
a, G Elia	е	Government grants (contributions) 1e	-0-				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and similar amounts not included above 1f	-0-				
돌동	9	Noncash contributions included in					
no pu	١.	lines 1a-1f	<u> \$o-</u>			,	
0 8	h	Total. Add lines 1a-1f	Business Code	38858		-	
يو	2a		Business Code				
Ž (b			_			
Se	c						
Program Service Revenue	d						
P. S.	е						
Pro	f	All other program service revenue					
	<u>g</u>	Total. Add lines 2a-2f		-0-			
	3	Investment income (including dividend	_				
		other similar amounts)		441568			
	4	Income from investment of tax-exempt be		-0-	-0-		
	5	Royalties	(ii) Personal	-0-	-0-		
	6a	Gross rents 6a	(ii) i ersonai				[
	b	Less: rental expenses 6b					
	c	Rental income or (loss) 6c					
	d	Net rental income or (loss)	>	-0-	-0-		
	7a	Gross amount from (i) Secunties	(ii) Other				
		sales of assets					
		other than inventory 7a					
ne	b	Less: cost or other basis					
ven	_	and sales expenses . 7b					
Re	9	Gain or (loss)	▶	0			
Other Reven	d	Net gain or (loss)	· · · · ·	-0-	-0-		
₹	8a	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	-0-				
	b	Less: direct expenses 8b	-0-				
	С	Net income or (loss) from fundraising even	ents ▶	-0-		-2012	
	9a	Gross income from gaming activities. See Part IV, line 19 . 9a	-0-				
	Ь	Less: direct expenses 9b	-0-	,			
	С	Net income or (loss) from gaming activiti	es ▶	-0-	-0-		
	10a	Gross sales of inventory, less					
		returns and allowances 10a Less: cost of goods sold 10b					
	b	Net income or (loss) from sales of invent		-0-	-0-		
<u></u>	_ ~	The most of the state of the st	Business Code	-0-	30-		
Miscellaneous Revenue	11a	Misc Donations	Voluntary	1131	1131		
scellaneo Revenue	b						
e e	С						
Alisc R	d	All other revenue					
2	е	Total. Add lines 11a-11d	▶	1131			

481557

442699

12

Total revenue. See instructions

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must comp			must complete colu	mn (A).
	Check if Schedule O contains a response	or note to any line	in this Part IX .		🗆
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	-0-	-0-		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	-0-	-0-		
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	-0- -0-	-0- -0-	,	
5	Compensation of current officers, directors, trustees, and key employees	14698	-0-	14698	-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)				
7	Other salaries and wages	-0- -0-	-0- -0-	-0- -0-	-0- -0-
8	Pension plan accruals and contributions (include			-0-	
•	section 401(k) and 403(b) employer contributions)	-0-	-0-	-0-	-0-
9	Other employee benefits	-0-	-0-	-0-	-0-
10	Payroll taxes	1114	-0-	1114	-0-
11	Fees for services (nonemployees):				
а	Management	13696	-0-	13696	-0-
b	Legal	-0-	-0-	-0-	-0-
C	Accounting	-0-	-0-	-0-	-0-
d	Lobbying	-0-	-0-	-0-	-0-
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	-0- 20111	-0-	20111	-0- -0-
g	Other. (If line 11g amount exceeds 10% of line 25, column	20111		20111	
9	(A) amount, list line 11g expenses on Schedule O.)	-0-	-0-	-0-	-0-
12	Advertising and promotion	-0-	-0-	-0-	-0-
13	Office expenses	1420	-0-	1420	-0-
14	Information technology	1800	-0-	1800	-0-
15	Royalties	-0-	-0-	-0-	-0-
16	Occupancy	12600	-0-	12600	-0-
17	Travel	5313	-0-	5313	-0-
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	-0-	-0-	-0-	-0-
19	Conferences, conventions, and meetings .	42565	-0-	42565	-0-
20	Interest	-0-	-0-	-0-	-0-
21	Payments to affiliates	-0-	-0-	-0-	-0-
22 23	Depreciation, depletion, and amortization . Insurance	-0- 1552	-0- -0-	-0- 1552	-0- -0-
24	Other expenses. Itemize expenses not covered	1002		1002	
24	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	High School/University Scholarships (15)	22796	2250	246	-0-
b	Widows and Members Greetings	1747	1747	-0-	-0-
c	Youth Group Donations	2500	2500	-0-	-0-
d	Officer/Ritual Supplies	3776	-0-	3776	-0-
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	145688	6497	118891	-0-
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any lin	ne in this Par	tX		🗆
				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		15778	1	11548
	2	Savings and temporary cash investments	[22562	2	22562
	3	Pledges and grants receivable, net	[-0-	3	-0-
	4	Accounts receivable, net	[-0-	4	-0-
	5	Loans and other receivables from any current or former office trustee, key employee, creator or founder, substantial contribut				
		controlled entity or family member of any of these persons .	[-0-	5	-0-
	6	Loans and other receivables from other disqualified persons (under section 4958(f)(1)), and persons described in section 495	-0-	6	-0-	
s	7	Notes and loans receivable, net	· · · · · · · ·	400000	+	150000
Assets	8	Inventories for sale or use) -	-0-	8	-0-
Asi	9	Prepaid expenses and deferred charges	-	-0-		-0-
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a	450000			
	ь	Less: accumulated depreciation 10b	85830	364170	100	327753
	11	Investments—publicly traded securities		4791097		5017012
	12	Investments—other securities. See Part IV, line 11	ļ	-0-		-0-
	13	Investments—program-related. See Part IV, line 11	⊢	69702		86996
	14	Intangible assets	—	-0-		-0-
	15	Other assets. See Part IV, line 11		3583563		4058006
	16	Total assets. Add lines 1 through 15 (must equal line 33)		9246872		9673877
	17	Accounts payable and accrued expenses		-0-		-0-
	18	Grants payable	_	-0-	-	-0-
	19	Deferred revenue	_	-0-	_	-0-
	20	Tax-exempt bond liabilities	_	-0-	_	-0-
	21	Escrow or custodial account liability. Complete Part IV of Sched		21	-0-	
63	22	Loans and other payables to any current or former officer	r, director,			
Ħ		trustee, key employee, creator or founder, substantial contribut				
Liabilities		controlled entity or family member of any of these persons .	<u> </u>	-0-		-0-
_	23	Secured mortgages and notes payable to unrelated third partie	—		23	-0-
	24	Unsecured notes and loans payable to unrelated third parties		-0-	24	-0-
	25	Other liabilities (including federal income tax, payables to reparties, and other liabilities not included on lines 17–24). Comp	olete Part X			
		of Schedule D		-0-		-0-
	26	Total liabilities. Add lines 17 through 25	• • • • •	-0-	26	-0-
seou		Organizations that follow FASB ASC 958, check here ► ☑ and complete lines 27, 28, 32, and 33.				
<u>=</u>	27	Net assets without donor restrictions	[22562	27	22562
Ö	28	Net assets with donor restrictions	[69702	28	86996
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.	•▶□ [
ō	29	Capital stock or trust principal, or current funds	[-0-	29	-0-
ets S	30	Paid-in or capital surplus, or land, building, or equipment fund		-0-	30	-0-
SS	31	Retained earnings, endowment, accumulated income, or other	<u> </u>	-0-	31	-0-
řΑ	32	Total net assets or fund balances		9246872		9673877
ž	33	Total liabilities and net assets/fund balances		9246872		9673877

Page	1	2

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		4	81557
2		2		1	<u>45688</u>
3		3		3	<u>35869</u>
4	the appete of faile parameter and any mile any mile and a	4		92	<u>46872</u>
5	The amount of the second of th	5			71025
6		6			<u>-0-</u>
7	Throughout expenses 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	7			20111
8		8			-0-
9	Cutor drianges in flot accepts of fund balaness (explain on constant of	9			-0-
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	10		00	70077
Dart	32, column (B))	10		90	73877
rait	Check if Schedule O contains a response or note to any line in this Part XII				
	Official Confedence of Contains a response of flote to any line in this flat value.	<u> </u>	• • •	Yes	No
1	Accounting method used to prepare the Form 990:				1
-	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain ı	_ n	'	.]
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were comp		r		ĺ
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on	a		1
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		.	—	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs				
	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, exp Schedule O.	olain o	n		
20	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	h in th	ا—ا ۵	 	
3a	Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao th			
~	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit	dits .	3b		
			Form	990	(2019)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Haine C	or the organization	ł	Linploye	i identification	Humber	
	ilan Lodge Free and Accepted Masons			99-003	B171	
Par	t I Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	s or Ac	counts.		
	Complete if the organization answered "\	Yes" on Form 990, Part IV, line 6.				
		(a) Donor advised funds		b) Funds and of	her account	s
1	Total number at end of year	None	<u>`</u>			
2	Aggregate value of contributions to (during year) .	None				
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor a					
	funds are the organization's property, subject to the				☐ Yes	☐ No
6	Did the organization inform all grantees, donors, an					
	only for charitable purposes and not for the benefit	t of the donor or donor advisor, or for	any oth	ner purpose		
	conferring impermissible private benefit?				☐ Yes	☐ No
Par	t II Conservation Easements.					
	Complete if the organization answered ")	Yes" on Form 990 Part IV line 7				
1	Purpose(s) of conservation easements held by the o					-
•		- · · · · · · · · · · · · · · · · · · ·	a biataa	م محمد المحمد		
	Preservation of land for public use (for example, recrea	·				area
	Protection of natural habitat	☐ Preservation of	a certiii	iea nistoric s	structure	
	☐ Preservation of open space					
2	Complete lines 2a through 2d if the organization held	d a qualified conservation contribution	in the fe	orm of a cor	servation	l
	easement on the last day of the tax year.			Held at the	End of the	Tax Year
а	Total number of conservation easements		. 2	a	None	-
b	Total acreage restricted by conservation easements		. 2	b		
С	Number of conservation easements on a certified his			С		
d	Number of conservation easements included in (conservation)	· · · · · · · · · · · · · · · · · · ·				
_			. 2	a		
3	Number of conservation easements modified, transf				ization di	iring the
3	tax year ►	refred, released, extinguished, or term	mateu t	by the organ	ization ut	anny une
4	Number of states where property subject to conserv	ration easement is located				
	Does the organization have a written policy rega		otion	bandling of		
5	violations, and enforcement of the conservation ease				☐ Yes	□ No
_					_	
6	Staff and volunteer hours devoted to monitoring, inspect	ting, nandling of violations, and enforcing	conserv	ation easeme	ints during	tne year
_	<u> </u>					
7	Amount of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	onserva	tion easemer	nts during	the year
	▶ \$					
8	Does each conservation easement reported on line 2		ection 1	70(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?				Yes	☐ No
9	In Part XIII, describe how the organization reports co	onservation easements in its revenue a	nd expe	ense stateme	ent and	
	balance sheet, and include, if applicable, the text of	the footnote to the organization's finar	ncial sta	tements tha	t describe	es the
	organization's accounting for conservation easemen	nts.				
Part	III Organizations Maintaining Collections	of Art, Historical Treasures, or C	ther S	imilar Ass	ets.	
	Complete if the organization answered "Y					
4-			ctatom	ont and hal	nnoo shoo	at works
1a	of art, historical treasures, or other similar assets					
	service, provide in Part XIII the text of the footnote to				iciance c	n public
	- •					
b	If the organization elected, as permitted under FASI					
	art, historical treasures, or other similar assets held f		earch in	τurtnerance	ot public	service,
	provide the following amounts relating to these items	S:				
	(i) Revenue included on Form 990, Part VIII, line 1			▶ \$		
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X			> \$		
2	If the organization received or held works of art, I					
	following amounts required to be reported under FA	SB ASC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1 .			▶ \$		
	Assets included in Form 990, Part X			▶ \$		

Par	Organizations Maintaining	Collections of	Art, His	torical	Treasures,	or O	ther Similar A	sets (con	tinued)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):				se of its				
а	☐ Public exhibition				or exchange				
b	Scholarly research		e	☐ Other	r 				
C	☐ Preservation for future generations								
4	Provide a description of the organiza XIII.	tion's collections	and expl	ain how t	they further t	the org	ganization's exe	npt purpos	e in Part
5	During the year, did the organization assets to be sold to raise funds rathe								□ No
Pari	IV Escrow and Custodial Arra						<u> </u>		
	Complete if the organization 990, Part X, line 21.	n answered "Yes	on Fo	rm 990, I	Part IV, line	9, or	reported an ar	nount on F	orm
1a	included on Form 990, Part X?							ot 🔲 Yes	□ No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the fo	ollowing t	able:	_	,		
								mount	
C	Beginning balance					10			
d	Additions during the year					10			
e	Distributions during the year					1e			
f	Ending balance					1f		.0 D V	
	If "Yes," explain the arrangement in P	•					•		
Par	Endowment Funds.	1 45 4		200	.	40			
	Complete if the organization	·					(0.7)	T	
4.	Designing of year balance	(a) Current year	(b) Pr	or year	(c) Two years	враск	(d) Three years bac	(e) Four ye	ars back
1a	Beginning of year balance								
c	Net investment earnings, gains, and losses		<u> </u>						
А	Grants or scholarships		<u>. </u>						-
đ	Other expenditures for facilities and		 		 			+	
e	programs							ļ	
f	Administrative expenses		 					+	
g	End of year balance		<u> </u>	(1) 4 .		\ l= = l = l			
2	Provide the estimated percentage of			e (line 1g	, column (a)) neia a	as:		
a	Board designated or quasi-endowme	nt >	%						
b	Permanent endowment ► Term endowment ► %	%0							
С	Term endowment ▶% The percentages on lines 2a, 2b, and		0004						
3a	Are there endowment funds not in th	· · · · · · · · · · · · · · · · · · ·		zation the	at are held a	nd ad	ministered for th	۵	
Ja	organization by:	e possession or a	ie organi	Zalion lin	at are nelu a	iliu au	ministered for ti		es No
	(i) Unrelated organizations						1	3a(i)	10
	<u> </u>							3a(ii)	
ь	If "Yes" on line 3a(ii), are the related of							3b	
4	Describe in Part XIII the intended uses	•	•					<u> </u>	
Part									· ·
	Complete if the organization		" on For	m 990, f	Part IV, line	11a.	See Form 990,	Part X, lin	e 10.
	Description of property	(a) Cost or ot (investment)			or other basis other)		Accumulated epreciation	(d) Book v	alue
1a	Land			1	250000				250000
b	Buildings				200000		112247		87753
C	Leasehold improvements								
đ	Equipment								
e	Other								
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part	X, column	(B), line 10d	c.)	•		327753

Part VII	Investments – Other Securities.			
	Complete if the organization answered "Yes" on Fo			
	(a) Description of security or category (including name of security)	(b) Book value		hod of valuation: -of-year market value
(1) Financial				
· ·	neld equity interests			
(3) Other				
(A)			· · · · · · · · · · · · · · · · · · ·	
		·- 		
		1		
(0)		i		
(H)				·
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶			
Part VIII	Investments - Program Related.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Meti	nod of valuation: of-year market value
(1)				
(2)				
(3)			-	
(5)			· · ·	
(6)	- 			
(7)				
(8)		· · · · · · · · · · · · · · · · · · ·		
(9)		<u> </u>		
	mn (b) must equal Form 990, Part X, col. (B) line 13.) .			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, line	e 11d. See Form	
<u></u>	(a) Description		-	(b) Book value
	unds (Building Fund)			4058006
(3)	· · · · · · · · · · · · · · · · · · ·			
(4)				
(5)				
(6)				
(7)		·		
(8)		· · · · · · · · · · · · · · · · · · ·		
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		. ▶	
	Complete if the organization answered "Yes" on Foline 25.	rm 990, Part IV, line	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability			(b) Book value
(1) Federal in	come taxes			
(2) None				
(3)				
(4)				
(5)				
_(6)				
(7)				
(8)			ľ	
(9)	mn (h) must squal Form 200. Don't V. col. (D) line 25.1			
(9) Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 25.) uncertain tax positions. In Part XIII, provide the text of the footn			nts that reports the

Par	•		per Return.	
	Complete if the organization answered "Yes" on Form 990,			
1	Total revenue, gains, and other support per audited financial statements		. 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	• • • • • • •		. 2e	
3	Subtract line 2e from line 1		. 3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)			
_C	Add lines 4a and 4b			 -
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Part	,		s per Keturn.	
	Complete if the organization answered "Yes" on Form 990,			
1	· · · · · · · · · · · · · · · · · · ·		. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	20		
a		2a 2b		
b	Prior year adjustments	26 2c	 	
c d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			•
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
c			. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line		—	
Part	XIII Supplemental Information.	· · · · · · · · · · · · · · · · · · ·		
Provid	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b an	nd 2b; Part V, line 4;	Part X, line
2; Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additior	nal information.	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

Hawalian Lodge Free and Accepted Masons	99-0038171
Part III - Section 4d: In support of its 2019 Scholarship Program, Hawailan Lodge presented scholarship re	eciplents and their parents
with flower leis. Additional office supplies and postage in support of the scholarship program were exper	nded.
Part VI - Section A - Line 6: Hawailan Lodge has approximately 350 members with full voting rights. Hawa	llan Lodge issues no shares nor
benefits its members financially; outside of the members publicly held rights.	
Part VI - Section A - Line 7a and 7b: Lodge Officers are elected annually. Lodge decisions are by the major	ority of the members present.
Part VI - Section A - Line 8a and 8b: Monthly buisness meetings are throughly documented.	
Part VI - Section A - Line 10a and 10b: Hawaiian Lodge is one of ten Masonic Lodges in the State of Hawai	i that are subordinate to the
Most Worshipful Grand Lodge of Hawali. All Lodges operate under the same governing documents.	
Part VI - Section A - Line 11a: All financial documents are openly shared to all Lodge's Officers, Trustees	and the Lodge Membership
when requested.	
Part VI - Section A - Line 15a and 15b: All salaries paid to Lodge employees are within the standards for o	ther Masonic Lodges in the state.
	<i>,</i>