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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public Inspection

20

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements For the 2007 calendar year, or tax year beginning 2007, and ending

اگ س	В	heck if	applicable Please	Thank or organization Lawrence IV. Of Centreal		yer identification number
S S	$\supset A$	ddress	use IRS change label of	Masonic Building Association	<u> 23:</u>	7116631
3	_ 	lame c	hange print or type.	Number and street (or P O box if mail is not delivered to street address) Room/suite E	Teleph	one number
	\exists	nıtıal re	turn See	19751 E. Mainstreet 300	(30)	3) 841 <u>-1181</u>
	٦̈́	emina	applicable use IRS change label of type. See turn Specific Instruc		Accounts	ng method: KXXCash Accrual
	= '		tions.	Parker, CO 80138-7378	_	her (specify) ►
ľ	=			ction 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not ap	plicable	e to section 527 organizations
•	^	фрисан		ists must attach a completed Schedule A (Form 990 or 990-EZ). H(a) is this a grou	ıp retur	n for affiliates? 🔲 Yes 🔀 🏋 o
(G 1	Nebsit	e: ► http:	/LNG169.ORG H(b) If "Yes," ente	r numb	per of affiliates ▶n/a
-			_	H(c) Are all affiliat		
	J (Organiz	zation type (check	, , =, , ,, ,		t See instructions.)
I				organization is not a 509(a)(3) supporting organization and its gross	ate retui	m filed by an by a group ruling? Yes No
				ore than \$25,000. A return is not required, but if the organization chooses le a complete return.		
-		V 1110 a	Totalli, be sale to i			the organization is not required
ı	L (Gross	receipts Add line			Form 990, 990-EZ, or 990-PF)
		rt I		xpenses, and Changes in Net Assets or Fund Balances (See the		
,		1			,,,,,,,,	ourono.y
				gifts, grants, and similar amounts received: to donor advised funds		
		a		to donor advised funds		
		D	•	support (not included on line ra)		
			•	support (not included on line ra)		
		d		onthibations (grants) (not included on line 14)	1e	-0-
				, ,	2	-0-
		2		e revenue including government fees and contracts (from Part VII, line 93)	3	-0-
		3		ues and assessments	4	
		4	Interest on say	Interest from securities	5	70109:
		5		interest right seconds (6a -0-		
			Gross rents	· · · · · · · · · · · · · · · · · · ·		
7 €50		b	Less: rentere	Pugger J. V. Es V	6c	-0-
H		_	Other investment	ome or (loss) Subtract (ne 6b from line 6a	7	-0-
\sim	Ę	7			a _e	0
0 11 2010	Revenue	8a		from (sales of assets other)		
	æ		· ·		<i>2</i> ₹	
\geq				The basis and sales expenses,	t _e	
CANNED NOV					8d	-0-
				s) Combine line 8c, columns (A) and (B)		· · · · · · · · · · · · · · · · · · ·
щ		9				
\leq		а		(not including \$ of of of of of		
₹		h		reported on line 1b)	,	
8				(loss) from special events. Subtract line 9b from line 9a	9c	- O -
W)				inventory, less returns and allowances 10a -0-	-	
		b	Less. cost of		, Sp	
		_		oss) from sales of inventory (attach schedule) Subtract line 10b from line 10a .	10c	-0-
		11			11	-0-
		12		(from Part VII, line 103)	12	70118.
	-	13		ces (from line 44, column (B))	13	-0-
	8		•	and general (from line 44, column (C))	14	71852.
	Expenses	14	-	- '	15	-0-
	Š	15 16	• .	om line 44, column (D))	16	-Ú-
	_	17		es. Add lines 16 and 44, column (A)	17	71854.
•	γs				18	(1734)
	sset	18 19	-	ficit) for the year. Subtract line 17 from line 12 fund balances at beginning of year (from line 73, column (A))	19	2050505.
	Net Assets	19 20		s in net assets or fund balances (attach explanation).	20	62921.
	Ne	21		und balances at end of year Combine lines 18, 19, and 20	21	2115160.

Page 2

	Functional Expenses organizations and s	ection	4947(a)(1) nonexempt	chantable trusts but	t optional for others. (S	tion 501(c)(3) and (4 See the instructions.
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
	Grants paid from donor advised funds (attach schedule) (cash \$) If this amount includes foreign grants, check here	22a	-0-			
22b	Other grants and allocations (attach schedule) (cash \$)					
	If this amount includes foreign grants, check here 🕨 🗀	22b	53503.			
	Specific assistance to individuals (attach schedule)	23	-0-			
	Benefits paid to or for members (attach schedule)	24	-0-			
	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	-0-			
	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	-0-			
	Compensation and other distributions, not					
	included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	-0-			
26	Salaries and wages of employees not included on lines 25a, b, and c	26	-0-			
27	Pension plan contributions not included on included on included in	27	-0-			
28	Employee benefits not included on lines 25a - 27	28	-0-			
	Payroll taxes	29	-0-			
	Professional fundraising fees	30	-0-			
	Accounting fees	31	156.			
	_egal fees	32	40.			
	Supplies	33				,
	Telephone	34	-0-		-	
	Postage and shipping	35	1000			
36	Occupancy	36	1800.	-		
	Equipment rental and maintenance	37	-0-	· · · · · · · · · · · · · · · · · · ·		
	Printing and publications	38 39	-0-			·
39	Fravel		786.			
	Conferences, conventions, and meetings	40 41				
		42	-0-			
43 (Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize): Lnvestment Management Fees		15567.			
		43b				
		43c				
		43d				
		43e		-		
_		43f				
		43g				
44 1 t	Fotal functional expenses. Add lines 22a hrough 43g. (Organizations completing columns (B)–(D), carry these totals to lines 3–15)	44	71852.			

Form 990 (2007)

Page 3

Part III	Statement of	f Program Service	Accomplishments ((See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

	<u></u>	
	at is the organization's primary exempt purpose? ► See. Statement.1	Program Service Expenses
of c	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	Lawrence N. Greenleaf Masonic Lodge #169 AF&AM	
	EIN 84-1516260 The building association donates 80+% of it	s
	investment earnings to the Lodge which then donates 100%	
	of those funds to other 501 public non-profits, which provide services to the public. No member of either the building	e -
	assoc. or Lodge are affilated with other 501 organizations	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
b		
	······································	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
С		
	······································	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
d		
	······································	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	
	Other program services (attach schedule)	
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ □	L
T	Total of Program Service Expenses (should equal line 44, column (B), Program services).	

Form 990 (2007)

Pa	art IV	Balance Sheets (See the instructions.	.)				
	lote:	Where required, attached schedules and amounts column should be for end-of-year amounts only	within	the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing				45	
	46	Savings and temporary cash investments .			654.	46	7775.
			• •	_			
	47a	Accounts receivable	47a	-0-			
		Less: allowance for doubtful accounts .	47b	-0-	-0-	47c	-0-
	"	Less. allowance for doubtful accounts.	1			1	
	400	Diodaes recovable	48a	-0-			
	l	Pledges receivable	48b	-0-	-0-	48c	-0-
		Less allowance for doubtful accounts .			-0-	49	-0-
	49	Grants receivable				43	
	50a	Receivables from current and former officers			-0-	50-	-0-
		key employees (attach schedule)				50a	
	b	Receivables from other disqualified persons (-0-		- 0-
		4958(f)(1)) and persons described in section 495	8(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach					
ets		schedule)	51a	- 0 -	-0-		-0-
Assets	•	2000: 4.10 / 4.100 / 6.	51b	-0-		51c	
٩	52	Inventories for sale or use			-0-	52	-0-
	53	Prepaid expenses and deferred charges .		<u>.</u>	-0-	53	-0
	54a	Investments—publicly-traded securities	,)	► XXX Cost ☐ FMV	2049851.	54a	2107385.
	b	Investments—other securities (attach schedu	ıle) 🕨	► ☐ Cost ☐ FMV		54b	
	55a	Investments-land, buildings, and		^			
	l	equipment: basis	55a	-0-			
	ь	Less: accumulated depreciation (attach		•	_	<u> </u>	^
		schedule)	55b	-0-	-0-	55c	-0-
	56	Investments—other (attach schedule)			-0-	56	-0-
i	57a	Land, buildings, and equipment: basis .	57a	0-			
	b	Less: accumulated depreciation (attach		•		<u></u>	
		schedule)	57b	-0-		57c	
	58	Other assets, including program-related investigation					
		(describe ▶			-0-	58	-0-
	59	Total assets (must equal line 74). Add lines	45 thr	ough 58	-0-	59	<u> </u>
	60	Accounts payable and accrued expenses .			"	60	-0-
	61	Grants payable	-0-	61	-0-		
	62	Deferred revenue			-0-	62	-0-
lities	63	Loans from officers, directors, trustees, and	key	employees (attach	-0-	,	-0-
		schedule)				63	
Liabi	64a	Tax-exempt bond liabilities (attach schedule)			-8-	64a	-0-
7	b	Mortgages and other notes payable (attach s	schedu	ıle)	<u> </u>	64b	-0-
	65	Other liabilities (describe ►)	-0-	65	-0-
					-0-		-0-
	66	Total liabilities. Add lines 60 through 65				66	
	Orga	nizations that follow SFAS 117, check here ▶	· 🗌 a	and complete lines		-	
S		67 through 69 and lines 73 and 74.					
ည	67	Unrestricted				67	
la	68	Temporarily restricted				68	
B	69	Permanently restricted				69	
Ы	Orga	nizations that do not follow SFAS 117, check	here	▶ 🗌 and			
교		complete lines 70 through 74.				23.50.5	
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds	s.			70	
ţ	71	Paid-in or capital surplus, or land, building, a	and eq	uipment fund .	· · · · · · · · · · · · · · · · · · ·	71	
SS	72	Retained earnings, endowment, accumulated	incor	ne, or other funds		72	-
۲	73	Total net assets or fund balances. Add line	s 67 t	hrough 69 or lines	2050505.		2115160.
ğ		70 through 72 (Column (A) must equal line 1	19 and	l column (B) must	2030303.	3 5%	2113100.
_		equal line 21)				73	
	74	Total liabilities and net assets/fund balance	s. Add	lines 66 and 73	2050505.	74	2115160.

	330 (2001)			23-71100.	<u>, , , , , , , , , , , , , , , , , , , </u>		Page J
Pai	rt IV-A	Reconciliation of Revenue per Aud instructions.)	lited Financial Statem	ents With Rev	enue pe	r Return	(See the n/a ,
а	Total reve	enue, gains, and other support per audit	ed financial statements			а	I_{\perp}
ь		included on line a but not on Part I, line					
1		alized gains on investments		b1			
2		services and use of facilities		b2		1	
3		es of prior year grants		b3			
4		pecify):					
7	Other (Sp			_{b4}			
	Add lines	het there are het				b	
_		s b1 through b4				c	
C						-	
ď		included on Part I, line 12, but not on I		ايسا			
1		nt expenses not included on Part I, line		d1			
2	Other (sp	pecify):		اما			
	A 1 1 1			d2			
е		s d1 and d2 venue (Part I, line 12). Add lines c and d	• • • • • • • •			d	
	rt IV-B	Reconciliation of Expenses per Au	dited Eineneiel States	monto With Ev		e Potur	n/a-
				HEIRS WILL EX	Jenses L	er netur	
а		penses and losses per audited financial s				а	
b		included on line a but not on Part I, line		1 1.4 1			
1		services and use of facilities		b1			
2		r adjustments reported on Part I, line 20		b2			
3	Losses re	eported on Part I, line 20		b3			
4	Other (sp	ecify):					
				b4			
	Add lines	s b1 through b4				b	· · · · · · · · · · · · · · · · · · ·
С						С	
d	Amounts	included on Part I, line 17, but not on li					
1		nt expenses not included on Part I, line		d1		` 1	
2		pecify):					
		,,		d2			
	Add lines	s d1 and d2				d	
е	Total exp	penses (Part I, line 17). Add lines c and	d		▶	е	
Pai	rt V-A	Current Officers, Directors, Trustees	, and Key Employees	(List each persoi	n who was	an officer	, director, trustee,
		or key employee at any time during the yea	ar even if they were not	compensated.) (S	ee the ins	tructions.)	
		(A) Name and address	(B) Title and average hours per	(C) Compensation	(D) Contribution	ons to employee	(E) Expense account
		(A) Name and address	week devoted to position	(IT not paid, enter -0)	compens	is & deterred ation plans	and other allowances
Ex	verett	Anstett	President				
	ırora,		5	-0-	_	0-	-0-
M	ichael	Cohig	V.P.				*****
מת	enver,	CO	5	-0-	_	0-	-0-
ъ.	arid C	Rolfe	Treasurer	<u> </u>		 -	
⊷ມ∢ D•	arker,	CO	5	-0-	_	0-	-0-
т	E Mo	Farlan	Secretary				
L	enver.	CO	5	-0-	_	0-	-0-
ا	enver,					-	
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23-7116631 Page 6 Form 990 (2007) Yes No Part V-A Current Officers, Directors, Trustees, and Key Employees (continued) 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business Х 75b relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) . . . c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for 75c the definition of "related organization.". If "Yes." attach a statement that includes the information described in the instructions. d Does the organization have a written conflict of interest policy? . Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.) (C) Compensation (D) Contributions to employee (A) Name and address (B) Loans and Advances (if not paid, enter -0-) benefit plans & deferred compensation plans account and other allowances NONE Part VI Other Information (See the instructions.) Yes No Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a 76 77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 78a 78b b If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach 79 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt X 80a

81a Enter direct and indirect political expenditures. (See line 81 instructions) . . $\lfloor 81a \rfloor$ n/a

ngi

Form	990 (2007) 23-7116631		P	age 7
Pa	rt VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		Х
b	If "Yes," you may indicate the value of these items here. Do not include this			l
	amount as revenue in Part I or as an expense in Part II.			
920	(See instructions in Part III.)	83a	X	
	Did the organization comply with the public inspection requirements for returns and exemption applications? Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		
	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? n/a	85a		<u> </u>
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? n/a	85b		-
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	<u> </u>		ĺ
_	received a waiver for proxy tax owed for the prior year. Dues, assessments, and similar amounts from members			l
	Section 162(e) lobbying and political expenditures			ĺ
e	A			ĺ
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		L	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? n/a .	85g		<u> </u>
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the	85h		
86	following tax year?	33.1		
	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a n/a]		}
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	, ,		
	partnership, or an entity disregarded as separate from the organization under Regulations sections			37
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		_X
вуа	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright ; section 4912 \blacktriangleright ; section 4955 \blacktriangleright	بُر	gr	۾ <u>'</u>
h	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction	¥	,	۲,
J	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach		٠ ــــــــــــــــــــــــــــــــــــ	٠
	a statement explaining each transaction	89b		ļ
С	Enter: Amount of tax imposed on the organization managers or disqualified			
	persons during the year under sections 4912, 4955, and 4958			
				/
9	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X,
	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the		٠,	
,	supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		
90a	List the states with which a copy of this return is filed None			
	Number of employees employed in the pay period that includes March 12, 2007 (See			0
	ınstructions.)	01.1	1 7	0
91a	The books are in care of ► David S, Rolfe Telephone no. ► (303)	841	∵.†.†	·οπ
		78	•••••	•••••
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ	Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		Х
	If "Yes," enter the name of the foreign country ▶	• 14.	*******	2 (P)
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	The same	12	

Form 99	<u> </u>			7116631		 -	Page 8
	VI Other Information (continued)						Yes No
92	At any time during the calendar year, did the fif "Yes," enter the name of the foreign count Section 4947(a)(1) nonexempt chantable trust and enter the amount of tax-exempt interests.	try ▶ sts filing Form 990) in lieu of Form	1041 —Check	.n <i>l.a</i> here	 _n/;	▶□
Part	VII Analysis of Income-Producing A	ctivities (See th	e instructions.)	- <u>-</u>			
Note:	Enter gross amounts unless otherwise	Unrelated I	ousiness income	Excluded by sec	tion 512, 513, or 514	م ا	(E) lated or
ındıcat	ed.	(A)	(B)	(C)	(D)	exem	pt function
93	Program service revenue:	Business code	Amount - () -	Exclusion code	Amount	ir	ncome
а			-0-	-		ļ	
b		_	 	<u> </u>		 	
C		_	 	 		-	
d			<u> </u>			-	
e	Madigara/Madigarid neumants		-0-	 		 	
f g	Medicare/Medicaid payments	l l	-0-	<u> </u>		1	
94	Membership dues and assessments	l l	-0-				
95	Interest on savings and temporary cash investmen	00001					
96	Dividends and interest from securities	00001					
97	Net rental income or (loss) from real estate:						(. <u>.</u>
а	debt-financed property		-0-				
b	not debt-financed property		-0-	<u> </u>			
98	Net rental income or (loss) from personal proper	ty	-0-				
99	Other investment income		<u> -0-</u>	\		<u> </u>	
100	Gain or (loss) from sales of assets other than inventor	·	-0-	 			
101	Net income or (loss) from special events .	l l	-8-	<u> </u>			
102	Gross profit or (loss) from sales of inventor	y 	-0-	 		├─	
103	Other revenue: a		-0-	 		 	
b		-				 	
c d			 			 	
e				1			
104	Subtotal (add columns (B), (D), and (E))						···········
105	Total (add line 104, columns (B), (D), and (E)	i))	· · · · · · · · · · · · · · · · · · ·				
Note:	Line 105 plus line 1e, Part I, should equal th	ne amount on line					
Part '	VIII Relationship of Activities to the A	ccomplishment	of Exempt Purp	oses (See th	e instructions.)		
Line I	No. Explain how each activity for which inco of the organization's exempt purposes (me is reported in co other than by provid	olumn (E) of Part \ ding funds for such	/il contributed in purposes)	mportantly to the	accon	nplishment
	n/a						
	- 						
Part	Information Regarding Taxable Su	bsidiaries and D	isregarded Enti	ti es (See the	instructions.)	т	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity		Percentage of ownership interest	(C) Nature of a	ctivities	(D) Total income		(E) i-of-year issets
	None	%				ļ	
		%				 	
		%			···-	ļ	
	V Information Describes Transfers Ass	%	oonal Possii Os	ntroote (Cac 4	ha instructions	L	
Part		-		· · · · · · · · · · · · · · · · · · ·			7777
(a) (b)	Did the organization, during the year, receive any funds, Did the organization, during the year, pay pit If "Yes" to (b), file Form 8870 and Form 4	remiums, directly	or indirectly, on a				s XXNo s XXNo

2'	₹-:	7 1	1	6	6	3	1
-	,	, ,		u	ιJ		

Information Regarding 1 is a controlling organization	ransfers To and From on as defined in section	Controlled Entitie 512(b)(13).	es. Complete only if the		ation
			ed in section 512(b)(13) of		No X
(A) Name, address, of each controlled entity	. (B) Employer Identification Number	(C) Description transfer	of Amoun	(D) t of transi	er
None					
Totals					
				Yes	No X
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description transfer	of Amoun	(D) t of transi	ier
None					
Totals	j		* * ·		No
rents, royalties; and annuities des	cribed in Question 107 abo	ove?	n/a		X
se / ////////	pave examined this fetura, including the Declaration of gregater (other	ing accompanying schedule than officer) is based on all	10/14/10	t of my know as any know	wledge wledge.
David S. Rolfe	Treasurer		an estimated ro	eturn	
Preparer's signature		Date Check self-	Preparer's SSN or P	TIN (See Gen	Inst X)
er's Firm's name (or yours if self-employed), address, and ZIP + 4			EIN ▶ Phone no ▶ ()		
	Did the reporting organization mathe Code? If "Yes," complete the (A) Name, address, of each controlled entity None Totals Did the reporting organization recessive for the controlled entity Name, address, of each controlled entity Name, address, of each controlled entity None Totals Did the organization have a binding recessive for the controlled entity None None Totals Parature of officer David S. Rolfe Type or print name and title Preparer's Firm's name (or yours if self-employed).	is a controlling organization as defined in section Did the reporting organization make any transfers to a contitue Code? If "Yes," complete the schedule below for each controlled entity Rome. (A)	is a controlling organization as defined in section 512(b)(13). Did the reporting organization make any transfers to a controlled entity as defined the Code? If "Yes," complete the schedule below for each controlled entity. Name, address, of each controlled entity mumber Totals Did the reporting organization receive any transfers from a controlled entity as a 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity as a 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity as a 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity as a 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity as a 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity as a 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity as a 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity as a 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity as a 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity as a 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity as a 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity as a 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity as a 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity as a 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity as a 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity as a 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity as a 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity as a 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled	is a controlling organization as defined in section \$12(b)(13). 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Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties; and annuities described in Question 107 above? Did the controlled entity Data Data Data Propager's SSN or P supports of propager of the propage	is a controlling organization as defined in section \$12(b)(13). Per Did the reporting organization make any transfers to a controlled entity as defined in section \$12(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. Name, address, of each controlled entity. Protals Totals Totals Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. (A) Name, address, of each controlled entity. (B) Description of transfer (Controlled entity). Name, address, of each controlled entity. (C) Description of transfer (Controlled entity). None. None. Totals Totals Totals Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties; and annuties described in "Question 107 above? Under penalty for penalty I described the properties of the than officer's based on all information of the best of my ten or the past of my ten or the past of the past of my ten or the past of th

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STATEMENT OF ESTIMATED RETURN

THE BUILDING ASSOCIATION IS FILING AN ESTIMATED RETURN FOR THE FOLLOWING REASON:

ON FRIDAY, OCTOBER 9, 2010, OUR ACCOUNTING FIRM RETURNED ALL OUR PAPERS STATING THAT THEY WERE UNABLE TO COMPLETE OUR FORM 990 FILINGS FOR 2006, 2007, 2008, AND 2009 BEFORE THE OCTOBER 15 DEADLINE AS THEIR CLIENTS ON FORM 1040 EXTENSIONS TOOK PRIORITY. THEIR FAILURE TO ADDRESS THE BUILDING ASSOCIATION'S COMES NINE (9) MONTHS AFTER THEY WERE RETAINED. THE BUILDING ASSOCIATION WAS UNABLE TO RETAIN ANOTHER FIRM ON SUCH SHORT NOTICE AND ELECTED TO FILE AN ESTIMATED RETURN WHILE ANOTHER ACCOUNTING FIRM IS RETAINED AND A COMPLETE AMENDED FORM 990 CAN BE PREPARED.

Form 990

STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE BUILDING ASSOCIATION IS A FRATERNAL ORGANIZATION, WHICH IN ADDITION TO PROVIDING SUPPORT TO LAWRENCE N. GREENLEAF MASONIC LODGE No. 169 HAS ELECTED TO CONTRIBUTE 80+% OF ITS INVESTMENT INCOME TO OTHER PUBLIC NON-PROFITS WITH A 501 DESIGNATION WHO PROVIDE CHARITABLE SERVICES TO THE PUBLIC.

EXPLANATION: Other Changes in net balances or fund balances

Form 990

THE AMOUNTS SHOWN REFLECT UNREALIZED GAINS TO THE BUILDING ASSOCIATION'S INVESTMENT ACCOUNTS