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Form **990**

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

Department of the Treasury

Open to Public

| | | of the Treasury enue Service | ′ ▶ 1 | The organization ma | y have to use a copy of | of this return to sai | tisfy state | reporting requ | irements. | Inspection |
|----------------------|-----------|---------------------------------|----------------------|---------------------------------|---|------------------------|-------------|----------------------|-------------------|---|
| A | For the | ne 2008 ca | lendar | year, or tax year b | eginning | , 2008, | and end | | | , 20 |
| В | Check if | applicable | Please | C Name of organization | n Lawrence | N. Greenl | eaf 1 | Masonic | | yer identification number |
| _ | | s change | use IRS label or | Doing Business As | Building | Associati | on | | 23 | 7116631 |
| _ | Name o | _ | print or type. | | PO box if mail is not delivered | ed to street address) | Room/s | | • | one number |
| | nitial re | | See | 19751 E. I | Mainstreet | | 30 | 0 | (303) | 841-1181 |
| | Termina | | Specific Instruc- | I * . | or country, and ZIP + 4 | =0 | | | | |
| | | ed return | tions | Parker, C | | 78 | | | G Gross re | eceipts \$ 70112. |
| | Applicati | on pending | F Nar | ne and address of prin | cipal officer | | | H(a) is this | a group retun | n for affiliates? Yes No |
| | | | Dav | <mark>/id S. Rol</mark> : | <u>fe, same a</u> | <u>s above</u> | | ı | | included? Yes No |
| 1 | Tax-ex | empt status | <u> </u> | 501(c) (2) ⊲ (insert n | o) | 527 | | If "No | o," attach a | list (see instructions) |
| J | Webs | ite: ▶ 'n | ttp | :/LNG169.0 | RG | | | H(c) Group e | xemption nu | mber ► n/a |
| K | Type of | organization [| Corpo | ration 🗌 Trust 🔲 Asso | ciation ☐ Other ► | L Yea | ar of forma | tion 1984 | M State o | f legal domicile CO |
| Pá | art I | Summ | ary | | | | | | | |
| | 1 | Briefly de | scribe | the organization's | s mission or most si | gnificant activitie | s: .Se | e. Stater | nen.t | |
| _ | | | | | | | | | il Gil G | |
| Governance | i | | | | | | | | | |
| Ta | | | | | | | | | | |
| ove | 2 | Check this | box ▶ | f the organization | n discontinued its opera | tions or disposed of | f more tha | an 25% of its as | sets. | |
| Ğ | | | | | governing body (P | | | | | |
| 8 | | | | | embers of the gover | | | | 4 | |
| Activities | | | | employees (Part | _ | ing body (runt | VI, IIIIO | | 5 | -0- |
| 텇 | | | | f volunteers (estim | • | | | | 6 | 15 |
| ٩ | | | | | venue from Part VIII, | line 12 column | · · · | • • • • | 7a | -0- |
| | | | | | come from Form 99 | | | | . 7b | -0- |
| _ | <u> </u> | | | | | ., | | Prior Ye | - | Current Year |
| | ١. | Contribut | | nd aronto (Bort \/III | L line 1h | | | -(|) – | <u> </u> |
| re | | | | | I, line 1h) | | | |) <u>-</u>) - | -0- |
| Revenue | 1 | - | | revenue (Part VII | | | | 701 | | 70112. |
| æ | | | | | man (A) Thes 3, 4, a | | | |) - | -0- |
| | 11 | Other rev | enue (| Part VIII. GOUDNIV (| A), lines 5, 6d, 8c, 9 11 (must equal Part \ | (III column (A) lir | 1 | 701 | • | 70112. |
| | | | - | | | | 16 12) | | | 46333. |
| | 13 | Grants ar | nd align | lar amounts paid | (丹町 IX, Column (A), | lines 1-3) | | 5350 -0- | JJ | |
| s | | | | | Part IX column (A), | | | -0- | | -0- |
| Jse | 15 | Salaries, c | other 6 | mpensation-emple | oyee behefits (Part IX, | column (A), lines | 5–10) | | | -0- |
| Expenses | 16a | Professio | nal fun | draising tees (Part | IX solumn A), line 1 | 1e) | | -0 <i>-</i> | | -0- |
| ũ | b | Total fund | traising | rexpenses (Part IX, | column (D), line 25) I | ► <u>Nc</u> | ne | | | Marie |
| | 17 | Other exp | oenses | (Part IX, column | (A), lines 11a-11d, 1 | 1f-24f) | | | | 17994 |
| | 18 | Total exp | enses. | Add lines 13-17 | (must equal Part IX, | column (A), line | 25) | | | 64327. |
| | 19 | Revenue I | ess ex | penses. Subtract III | ne 18 from line 12 . | <u> </u> | | | | 5785. |
| Assets or d Balances | | | | | , | | | Beginning o | | End of Year |
| 3set alar | 20 | Total ass | ets (Pa | art X, line 16) | . See Sta | tement | | 211516 | | 1623065. |
| TA PE | 21 | | | Part X, line 26) . | | | | -0 | | -0- |
| Net A Fund | | | | | tract line 21 from lin | ne 20 | <u> </u> | 211516 | υ | 1623065. |
| Pa | art II | | | Block | | | | | | |
| | | Under per | naities of | penury, I declare that I | have examined this return | n, including accompai | nying sche | dules and statem | ents, and to | o the best of my knowledge reparer has any knowledge |
| | | and belief | | | TT FY DU | A Content than onless, | is based o | i al moment | 1-/1 | Copardi Jao any Miomosgo |
| Sig | yn 💮 | | // | MUS S | 1 JULI | / | | | 0//2 | >//0 |
| He | re | 12 | ature of | | /7/ | | | Date | • | <i>,</i> |
| | | <u>Da</u> | vid | S. Rolfe | Treasprer | | | | | imated retur |
| | | Туре | or print | name and title | | | Se | e Stater | nent | |
| | | Preparer's | | | | Date | | Check if | | dentifying number |
| . . | | signature | | | | | | elf- employed ▶ □ | (see instruc | tions) |
| Paid | | | , | | | | ` | | | |
| _ | parer's | rimms nai | me (or v | ours L | | | | EIN | > : | |
| Use | Only | if self-em | ployed), | ——— | | | | Phone no | |) |
| M- | v the | address, | | | renarer chown abou | e2 (see instruction | one) | I Frione IIC | ` | |
| ıvıa | y ine | ino discl | <u>เธร แบร</u> | s return with the p | reparer shown abov | e: (see mstruction | JIIS) . | | <u> </u> | res NO |

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

SCANNED NOV 0 8 2010

Form 990 (2008)

Page 2

| Par | t III Statement of Program Service Accomplish | nments (see instructions) |
|-----|--|--|
| 1 | Briefly describe the organization's mission: See Statement | |
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| | | |
| 2 | Did the organization undertake any significant program | |
| | the prior Form 990 or 990-EZ? | |
| | If "Yes," describe these new services on Schedule O. | |
| 3 | Did the organization cease conducting, or make signif | ficant changes in how it conducts, any program |
| | services? | |
| 4 | | of the organization's three largest program services by expenses. |
| | Section 501(c)(3) and 501(c)(4) organizations and sectional allocations to others, the total expenses, and revenue | ion 4947(a)(1) trusts are required to report the amount of grants and , if any, for each program service reported. |
| 4a | (Code:) (Expenses \$ inclu- | ding grants of \$) (Revenue \$) |
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| 4b | (Code:) (Expenses \$ inclu | iding grants of \$) (Revenue \$) |
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| 4d | Other program services. (Describe in Schedule O.) | \/Payoruo \$ |
| 40 | (Expenses \$ including grants of \$ Total program service expenses ▶ \$ |) (Revenue \$) (Must equal Part IX, Line 25, column (B).) |
| ~+℃ | I ULGI PI UYI GILI GELAICE EXPENSES 🚩 🛡 | priest equal rate by End 20, colonin (b)/ |

| 150 | Checklist of Required Schedules | | | |
|-------------|---|----------|---------------|-----|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | ١, | | ,, |
| | complete Schedule A | 2 | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | - | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> | 4 | | Х |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any accounts where 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 | | Х |
| 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21; 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 | | Х |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Χ |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable | 11 | | Х |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II. | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III </i> | 16 | | Х |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 20 | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 21 | χ | · · |
| 21 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Fes, "complete Schedule I, Parts I and III | 22 | $\overline{}$ | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | 23 | _ | X |
| 242 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| 2.70 | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25. | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | X |
| | 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 | | Х |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | X |
| 25 a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part l n/a . | 25a | _ | |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I n/a . | 25b | | |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule I. Part III | 27 | | Х |

Part IV Checklist of Required Schedules (continued) Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, X 28a b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," X 28b c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a 28c professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Χ 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 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

Form **990** (2008)

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| h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as | Pari | t V Statements Regarding Other IRS Filings and Tax Compliance | | | | |
|---|----------|--|---------------|-------------|---------------|----|
| U.S. Information Returns. Enter -0- if not applicable 1b - 0- | - | | | Yes | No | |
| U.S. Information Returns. Enter -0- if not applicable 1b - 0- | 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 1 | | | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- in ot applicable | | U.S. Information Returns. Enter -0- if not applicable | | | | |
| gaming (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax 2b Statements, filed for the calendar year ending with or within the year covered by this ratum b if at least one is reported on line 2a, did the organization life all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (See instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 4c Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (See instructions) 4d 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; ▶ | b | |] | | | |
| 28 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 29 bif at least one is reported on line 2a, did the organization file all required deveral employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file this return. (see instructions) 30 Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 31 bif "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | | - <u></u> - | | |
| Statements, field for the calendar year ending with or within the year covered by this return. 2a 0- b fall teast one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3b Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return. (see instructions) 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O n/a 3b 1 1 1 1 1 1 1 1 1 | | gaming (gambling) winnings to prize winners? | 1c | X | | |
| Statements, flee for the claencar year enough on writing the year covered by the steturn. Statements one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b if "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O n/a 4a 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 in a foreign country (such as a bank account, securities account, or other financial account in a foreign country; b— | | | | | | |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 4a 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) 5b if "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial accounts. 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5d Did the organization of so fb, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Did the organization solicit any contributions that were not tax deductible? 6b Tyes," did the organization notify the donor of the value of the goods or services provided? 6c Did the organization shell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 6c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 6c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 6c Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 6c Did the organization make any taxable distributions under section 4966? 6c Did the organization make any taxable distributions under secti | | Statements, filed for the calendar year ending with or within the year covered by this return | | | | |
| an structions) a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O . n./ a 3b | | • | 2D | | | |
| this return? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | | | | |
| b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 20 | ļ | 37 | |
| 4a 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?) b if "Yes," enter the name of the foreign country. ▶ | | | $\overline{}$ | | | |
| over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: ▶ | | | | | | |
| account)? b If "Yes," enter the name of the foreign country: ▶ | | | | | | |
| b If "Yes," enter the name of the foreign country: \(\) See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . 5a X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . 1/a 6 Did the organization solicit any contributions that were not tax deductible? . 1/a 2 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . 1/a 6 Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$757. | | | 4a | | X | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?. 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c if "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? n/a 6a Did the organization solicit any contributions that were not tax deductible? n/a 6b I"Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? n/a Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? tif "Yes," did the organization notify the donor of the value of the goods or services provided? n/a b if "Yes," did the organization notify the donor of the value of the goods or services provided? n/a tif "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 899 as required? For all contributions of qualified intellectual property, did the organization file Form 899 as required? For all contributions of qualified intellectual property, did the organization file a Form 1098-C as required? Did the organization make any taxable distributions under section 4966? n/a Did the organization make any taxable distributions under section 4966 | | | ` | | | |
| Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c if "Yes," to question 5a or 5b, did the organization file Form 8866-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? c if "Yes," did the organization solicit any contributions that were not tax deductible? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? Did the organization notify the donor of the value of the goods or services provided? In/a if "Yes," did the organization notify the donor of the value of the goods or services provided? In/a if "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Section 501(c)(7) organizations. Enter. In/a initiation fees and capital contributions included on Part VIII, line 12. Did the organization make a distribution to a donor, donor advised funds. Did the organization m | | | | ŧ. | * | |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c if "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 6a Did the organization solicit any contributions that were not tax deductible? b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? b if "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, nor a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? n Did the organization make any taxable distributions under section 4966? b Did the organization make as distribution to a donor, donor advisor, or related person? n Did the organization make and distributions under section 4966? b Did the organization make and distributions included on Part VIII, | | and Financial Accounts. | | | لحييا | |
| c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? c Torganizations that may receive deductible contributions under section 170(c). c Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? d If "Yes," did the organization notify the donor of the value of the goods or services provided? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? f Por all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? n/a D did the organization make any taxable distributions under section 4966? n/a D did the organization make any taxable distributions under section 4966? n/a D did the organization make any taxable distributions under section 4966? n/a B Corso income from members or shareholders 11a n/a 10b n/a 11b n/a 12a X To brown that was receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7b Tid N/a 7c Tid N/a 7p Tid N/a | | | | igwdown | | |
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| b if "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 72 | | | |
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| d If "Yes," indicate the number of Forms 8282 filed during the year | | | 7c | | | |
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| 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | · | /n | | · - {] | n, |
| organization, have excess business holdings at any time during the year? | | , | | | "] | |
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| a Did the organization make any taxable distributions under section 4966? | | | | | * | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter. Initiation fees and capital contributions included on Part VIII, line 12. B Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders. B Gross income from other sources (Do not net amounts due or paid to other sources 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? | | , | 9a | | | |
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| | 12a h | | | | | |

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.) Part VI

| Sec | ction A. Governing Body and Management | | | |
|----------------------|--|----------|-------|-----------|
| | | | Yes | No |
| | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the | | | |
| | circumstances, processes, or changes in Schedule O. See instructions. | | | |
| 1a | Enter the number of voting members of the governing body See Statement. 1a / | | | |
| b | Enter the number of voting members that are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | _X_ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | 7.7 |
| | supervision of officers, directors or trustees, or key employees to a management company or other person? . | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | X |
| 6 | Does the organization have members or stockholders? See .Statement | 6_ | X | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members | | | Х |
| | of the governing body? | 7a | X | Λ. |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | Λ | 77. |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during | | | |
| | the year by the following: | <u> </u> | X | * |
| а | | 8a | Λ | |
| b | | 8b | | 7.7 |
| 9a | | 9a | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, | 9b | | |
| | affiliates, and branches to ensure their operations are consistent with those of the organization? n/a | 90 | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations | 10 | | |
| 11 | must describe in Schedule O the process, if any, the organization uses to review the Form 990 n/a . Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at | 10 | | |
| •• | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 11 | | Х |
| Sec | ction B. Policies | | | |
| | | | Yes | No |
| 12a | Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | X |
| | Are officers, directors or trustees, and key employees required to disclose annually interests that could give | | | |
| _ | rise to conflicts? | 12b | | |
| | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | |
| C | describe in Schedule O how this is done | 12c | | |
| 13 | Does the organization have a written whistleblower policy? | 13 | | Х |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | | Х |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | ** | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: | | | |
| а | | | | |
| b | Other officers or key employees of the organization? | 15b | | |
| | Describe the process in Schedule O. (see instructions) | , | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | <u> X</u> |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate | | 4 | ķ |
| | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard | | | |
| _ | the organization's exempt status with respect to such arrangements? | 16b | | |
| | | | | |
| 47 | ction C. Disclosure | | | |
| | ction C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► | | | • |
| | List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c | :)(3)s | only) | • |
| | List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c available for public inspection. Indicate how you make these available. Check all that apply. | c)(3)s | only) | •• |
| | List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website ☒️ Upon request | | | • |
| 18 | List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website ☒ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict. | | | •• |
| 18 19 | List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c) available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website ☒X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict policy, and financial statements available to the public. | of inte | erest | •• |
| 17 18 19 20 | List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c) available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website ☒X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and reco | of inte | erest | •••• |
| 18 19 | List the states with which a copy of this Form 990 is required to be filed ► None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c) available for public inspection. Indicate how you make these available. Check all that apply. □ Own website □ Another's website ☒X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict policy, and financial statements available to the public. | of inte | erest | |

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Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| compensated employees; and former such pers Check this box if the organization did not co | | any r | offic | er | dira | ctor | truc | tee or key em | nlovee | |
|--|-------------------|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|--|
| (A) | (B) | <u> </u> | ,,,,, | _ |) () | 0101, | truc | (D) | (E) | (F) |
| Name and Title | Average | Positi | on (d | | | that ap | ply) | Reportable | Reportable | Estimated |
| | hours per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related organizations |
| Everett Anstett President | 5 | | | X | | | | -0- | -0- | -0- |
| Michael Cohig | 5 | | | Х | | | | -0- | -0- | -0- |
| V.P. David S. Rolfe Treasurer | 5 | | | Х | | | | -0- | -0- | -0- |
| T.E. McFarlan Secretary | 5 | | | X | | | | -0- | -0- | -0- |
| Secretary | | | | | | | | | | |
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| Pa | rt VII Section A. Officers, Directors, Tru | istees, Key | Emp | loy | ees | , an | d Hig | hest | Compensate | d Employees (co | ontinued) |
|----|---|------------------------------|--------------------------------|-----------------------|------------------|---------------|------------------------------|--------------------|----------------------------------|--|--|
| | (A) | (B) | | | - | C) | | | (D) | (E) | (F) |
| | Name and title | Average hours per week | | _ | Officer | | that ap Highes employ | Former | Reportable compensation from the | Reportable compensation from related organizations | Estimated amount of other compensation |
| | | | Individual trustee or director | Institutional trustee | | Key employee | Highest compensated employee | , | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the organization and related organizations |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| 1b | Total | | | | | | ٠. | • | -0- | -0- | -0- |
| 2 | Total number of individuals (including those organization ▶ | e ın 1a) wh | o rec | eive | ed n | nore | e thar | \$1 (| 00,000 in repo | | sation from the |
| _ | organization P | | - | | | | | | | n/a | Yes No |
| 3 | Did the organization list any former office employee on line 1a? If "Yes," complete So | | | | | | | oyee | - | ompensated | 3 X |
| 4 | For any individual listed on line 1a, is the sthe organization and related organizations | um of repo | ortabl | e co | omp | ens | sation | and con | other compe | nsation from | |
| 5 | Individual | or accrue /es." comp | comp lete s | pens Sch | satio edu | on f ele J | rom : for s | any <i>uch</i> | unrelated org | anization for | 5 X |
| Se | ction B. Independent Contractors | | | | | | | | | | |
| 1 | Complete this table for your five highest cocompensation from the organization. | mpensate | d ind | epe | nde | nt c | contra | ctor | s that receive | d more than \$1 | 00,000 of |
| | (A) Name and business add | ress | | | | | | | (B) Description of s | ervices | (C) Compensation |
| | None | | | | | | | | | | |
| | | | | | | | | | | | |
| | Total number of independent contractors | (includes a t | hoss | ın - | 1) | ,bc | roco: | | more than \$10 | 20,000 12 | |
| 2 | Total number of independent contractors (compensation from the organization ▶ | including t | HUSE | "" | ., w | II IU | · CCG!/ | v e u i | | ne * / | |

| Par | t VII | Statement of Revenue | · ·-·· | | | 1 |
|--|-----------------------------|--|----------------------|--|---|---|
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| Contributions, gifts, grants and other similar amounts | 1a b c d e f | Federated campaigns | | | | |
| | n | Total. Add lines 1a-1f Business Code | -0- | | | |
| Program Service Revenue | b c d | | | | | |
| P. | g | | | , | | |
| | 3 4 5 | Investment income (including dividends, interest, and other similar amounts) | 70112. -0- -0- | | • | |
| | b | Gross Rents | -0- | | 3. já já | |
| | 7a | Gross amount from sales of assets other than inventory (i) Securities (ii) Other | , • | * | ý | * * |
| | С | Less. cost or other basis and sales expenses . Gain or (loss) . Net gain or (loss) | -0- | <i>n</i> | * | * |
| r Revenue | | Gross income from fundraising events (not including \$ | र्सक | , /3 | , \$ | ** |
| Other Re | | Less: direct expenses b Net income or (loss) from fundraising events . | -0- | | | |
| | b | Gross income from gaming activities. See Part IV, line 19 | -0- | , | 24 | |
| į | 10a b | Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory ▶ | -0- | | | |
| | Ť | Miscellaneous Revenue Business Code | | | | |
| | b c d | All other revenue | | | | |
| | | Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e | 70112. | | | I |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
other organizations must complete column (A) but are not required to complete columns (B). (C), and

| | All other organizations must complete co | lumn (A) but are no | ot required to comp | plete columns (B), (| (C), and (D). |
|--------|---|-----------------------|---|---|--------------------------------|
| | not include amounts reported on lines 6b, , 8b, 9b, 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 governments and organizations in the U.S. See Part IV, line 21 | 43333. | | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | -0- | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | -0- -0- | | | ` |
| 4 5 | Benefits paid to or for members | -0- | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | -0- | | | |
| 7 | Other salaries and wages | -0- | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | -0- | | | |
| 9 | Other employee benefits | -0- | | | |
| 10 | Payroll taxes | -0- | | | |
| 11 | Fees for services (non-employees): | - | | | |
| а | Management | | | | |
| | Legal | | | | |
| | Accounting | 78. | | | |
| | Lobbying | -0- | | | |
| | Professional fundraising services. See Part IV, line 17 | -0- | *************************************** | - , , , , , , , , , , , , , , , , , , , | |
| | Investment management fees | 15947. | | | |
| f | _ | 13947. | | | |
| | Other | -0- | | | |
| 12 | Advertising and promotion | 144. | | | |
| 13 | Office expenses | -0- | | | |
| 14 | Information technology | | | | _ ···· |
| 15 | Royalties | -0- | | | |
| 16 | Occupancy | 1800. | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | -0- | | | |
| 19 | Conferences, conventions, and meetings | 21. | | | |
| 20 | · · · · · · · · · · · · · · · · · · · | | | | |
| 21 | Payments to affiliates | -0- | | | |
| 22 | Depreciation, depletion, and amortization | -0- | | | |
| 23 | Insurance | | | | |
| | | . /* | ÿ . × | ′ | ` ` ` ` |
| 24 | Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | , | , | , |
| а | | | | | |
| b | | | | | |
| C | | | | | |
| ď | | | | | |
| e | | | | | |
| _ | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 61323. | | | |
| 26 | Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | 000 |

| ĒĠ | ע א | Balance Sneet | | | |
|-----------------------|-------|--|---|-----------|--|
| • | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | -0- | 1 | -0- |
| | 2 | Savings and temporary cash investments | 7775. | 2 | 13923. |
| | 3 | Pledges and grants receivable, net | -0- | 3 | -0- |
| | 4 | Accounts receivable, net | -0- | 4 | -0- |
| | 5 | Receivables from current and former officers, directors, trustees, key | | <u> </u> | |
| i | | employees, or other related parties. Complete Part II of Schedule L . | -0- | 5 | -0- |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | -0- | 6 | -0- |
| əts | 7 | Notes and loans receivable, net | -0- | 7 | -0- |
| Assets | 8 | Inventories for sale or use | -0- | 8 | -0- |
| ⋖ | 9 | Prepaid expenses and deferred charges | -0- | 9 | <u>-0-</u> |
| | 10a | Land, buildings, and equipment. cost basis 10a -0- | | Lot . | 了200mm 200mm 2 |
| | b | Less: accumulated depreciation Complete Part VI of Schedule D -0- | -0- | 10c | -0- |
| | 11 | Investments—publicly traded securities | 2107385 | 11 | 1603361. |
| | 12 | Investments—other securities. See Part IV, line 11 | -0- | 12 | -0- |
| | 13 | Investments—program-related. See Part IV, line 11 | -0- | 13 | -0- |
| | 14 | Intangible assets | -0- | 14 | · |
| | 15 | Other assets. See Part IV, line 11 | -8- | 15 | -8= |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 2115160. | 16 | 161/284. |
| _ | 17 | Accounts payable and accrued expenses | -()- | 17 | -0- |
| | 18 | Grants payable | -0- | 18 | -0- |
| | 19 | | -0- | 19 | -0- |
| | 20 | Tay average board habitation | -0- | 20 | -0 <i>-</i> |
| s) | 21 | Escrow account liability. Complete Part IV of Schedule D | -0- | 21 | -0- |
| Liabilities | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | |
| _ | | persons. Complete Part II of Schedule L | -0- | 22 | -0- |
| | 23 | Secured mortgages and notes payable to unrelated third parties . | -0- | 23 | -0- |
| | 24 | Unsecured notes and loans payable | -0- | 24 | -0- |
| | 25 | Other liabilities. Complete Part X of Schedule D | -0- | 25_ | -0- |
| | 26 | Total liabilities. Add lines 17 through 25 | -0- | 26 | - U - |
| lances | | Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 | Unrestricted net assets | | 27 | |
| 18 | 28 | Temporarily restricted net assets | | 28 | |
| Ē | 29 | Permanently restricted net assets | 7 14 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 29 | Samuel of the Language |
| Net Assets or Fund Ba | | Organizations that do not follow SFAS 117, check here ► \(\frac{1}{2} \) and complete lines 30 through 34. | | Section 3 | |
| ets | 30 | Capital stock or trust principal, or current funds | -0- | 30 | -0- |
| SS | 31 | Paid-in or capital surplus, or land, building, or equipment fund | -0- | 31 | -()- |
| t A | 32 | Retained earnings, endowment, accumulated income, or other funds | -0- | 32 | 5/85. |
| Ž | 33 | Total net assets or fund balances | 2115160. | 33 | 1623069. |
| | 34 | Total liabilities and net assets/fund balances | 2115160. | 34 | 1623069 |
| Pa | rt XI | Financial Statements and Reporting | | | |
| | _ | | | | Yes No |
| 1 | | ounting method used to prepare the Form 990: XX Cash | | _ | |
| | | e the organization's financial statements compiled or reviewed by an inc | | ? . | |
| b | | e the organization's financial statements audited by an independent acc | | | 2b X |
| С | | es" to lines 2a or 2b, does the organization have a committee that assumes audit, review, or compilation of its financial statements and selection of an in | • | • | |
| 32 | | audit, review, or compliation of its imancial statements and selection of an in a result of a federal award, was the organization required to undergo an | • | | |
| Ja | | Single Audit Act and OMB Circular A-133? | | | . 3a X |
| b | | 'es," did the organization undergo the required audit or audits? | | n/ | |

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

2008

OMB No 1545-0047

Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

Greenleaf Masonic Building Association

Lawrence N.

▶ Attach to Form 990.

Employer identification number 23 7116631

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XK Yes 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Part I

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on

| Part IV and Schedule I-1 (Form 990) if additional | I-1 (Form 990) if | _ | space is needed | | | | △ |
|--|-------------------|-------------------------------|--------------------------|-----------------------------------|---|---|------------------------------------|
| (a) Name and address of organization or government | (p) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Colo. Masonic Band Camp / Colo. Spgs. 0 | ģo | 50103 | 300.00 | | | | General Overĥead |
| | | | | | | | |
| Metro Food Bank Food Bank / Denver (| 00 | 50103 | 6664.33 | | | | General Overhead |
| | | | | | | | |
| Colo. Kid's Sight Denver, CO | | 50103 | 6664.33 | | | | General Overhead |
| | | | | | | | |
| Conflict Center Denver, CO | | 50103 | 6664.34 | | | | General Overhead |
| | | | | | | | |
| M.W. Grand Lodge Perpetual Membership | | 50103 | 23040. | | | | Perpetual Memberships |
| Fund / Colo. Spgs. d | <u>0</u> | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No 50055P

Schedule I (Form 990) 2008

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2008

Part III Grants a

| (f) Description of non-cash assistance | | | | | additional information. | | | | | | |
|---|------|--|--|--|---|----------------|--|--|--|--|--|
| (e) Method of valuation (book, FMV, appraisal, other) | | | | | t I, line 2, and any other | led return. | | | | | |
| (d) Amount of non-cash assistance | | | | | nation required in Part | vided on amend | | | | | |
| (c) Amount of cash grant | | | | | rovide the inforr | 11 be pro | | | | | |
| (b) Number of recipients | | | | | te this part to p | zations wi | | | | | |
| (a) Type of grant or assistance | None | | | | Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | ! | | | | | |

Form 990

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.

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.

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Form 990 - 2008

STATEMENT Re; CHANGE IN NET ASSETS / FUND BALANCES

LIKE EVERY OTHER INVESTOR 2008 PROVED TO BE A NEGATIVE YEAR FOR RETURNS ON OUR INVESTMENT FUNDS. THE NET CHANGES REFLECT THOSE LOSSES IN THE MARKET.

Form 990

EXPLANATION: Other Changes in net balances or fund balances

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

Form 990

STATEMENT: Section A. Governing Body and Management

THE BUILDING ASSOCIATION'S MEMBERSHIP IS COMPOSED OF ALL MEMBERS OF LAWRENCE N. GREENLEAF MASONIC LODGE No. 169. ALL DECISIONS ARE MADE BY A OPEN VOTE OF ALL THE MEMBERS. EACH MEMBER HAS ONE VOTE THAT IS EQUAL TO THE VOTE OF EACH MEMBER.

THE GOVERNING "BODY" DOES NOT CONDUCT BUSINESS OUTSIDE THE REGULAR MEETINGS OF THE BUILDING ASSOCIATION. THE MEMBERSHIP VOTES ON ALL ACTIONS TAKEN BY ASSOCIATION AND APPROVES ALL ACTIONS PRIOR TO.

MINUTES ARE TAKEN AT EACH MEETING, ALL VOTES ARE RECORDED, THE MINUTES AND ACCOUNTING RECORDS ARE AVAILABLE FOR INSPECTION BY ALL MEMBERS.