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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. 2008 For the 2008 calendar year, or tax year beginning JUN 5, 2008 and ending DEC 31, D Employer identification number C Name of organization Please use IRS Ancient Free and Accepted Masons of label or 157 Cornerstone Lodge print or type Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number

Check if applicable Address Name change 93-0112718 Room/suite X Initial return Termin-ation Specific (503) 254-8103 202 SE 84th Ave Instruc-City or town, state or country, and ZIP + 4 Amende F Group Exemption tions Application Portland, OR 97216 Number > G Accounting method: X Cash Accrual • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ▶ www.cornerstone157.org H Check ► X if the organization is not Organization type (check only one)— X 501(c) (10) ◀ (Insert no.) 4947(a)(1) or 527 required to attach Schedule B (Form 990 990-EZ, or 990-PF) if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ 114,478. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 5,220. Contributions, gifts, grants, and similar amounts received 200. 2 Program service revenue including government fees and contracts 2,250. 3 Membership dues and assessments Investment income 4 40,528. 5a Gross amount from sale of assets other than inventory Stmt 3 5a 5b 50,086. b Less: cost or other basis and sales expenses <9,558.> c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ reported on line 1) 6a **b** Less: direct expenses other than fundraising expenses 6b 6c c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances 7a 7b b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Expenses CANNED 66,280. See Statement 2) 8 Other revenue (describe 64,392. Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 RECEIVED 10 Grants and similar amounts paid (attach schedule 5.944. RS-OSC Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 3,600. OCT 19 2010 12 13 Professional fees and other payments to independent contractors 13 12,500. 14 Occupancy, rent, utilities, and maintenance 14 OGDEN, UT 2,029. Printing, publications, postage, and shipping 15 15 5,200. 16 Other expenses (describe See Statement 1) 16 29,273. 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 35,119. Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 386,854. See Statement 4 20 20 Other changes in net assets or fund balances (attach explanation) 1,421,973. Net assets or fund balances at end of year. Combine lines 18 through 20

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or n	nore, file Form 990 instead of Form 990-EZ.	
(See the instructions for Part II.)	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	0.22	1,346,395.
23 Land and buildings	0.23	75,578.
24 Other assets (describe) 24	
25 Total assets	0 . 25	1,421,973.
26 Total liabilities (describe ►) 0 • 26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0 . 27	1,421,973.
832171 LLA For Privacy Act and Department Podystion Act Blotics and the Instructions for	or Form 000	Form 990-F7 (2008)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form **990-EZ** (2008)

	n 990-EZ (2008) 157 Cornerstone Lodge			93-	01127	18 Page 2
	art III Statement of Program Service Accomplishmen		Part III.)			penses
	at is the organization's primary exempt purpose? <u>See Statement</u>				and (4) or	for 501(c)(3) ganizations and
	cribe what was achieved in carrying out the organization's exempt purposes. In a vided, the number of persons benefited, or other relevant information for each pr		escribe the services		4947(a)(1 for others.) trusts; optional
28	Provide meeting hall and activities	for members,	families			
	and friends.					
	(Orando C			$\overline{}$	28a	25,974
20	(Grants \$) If this amount includes foreign of Provide scholarships and sponsor you				26a	43,374
23	riovide scholarships and sponsor yo	den programs.				
	(Grants \$) If this amount includes foreign of	grants, check here			29a	1,000
30	Donate funds to local charities.					
						
						0 000
	(Grants \$) If this amount includes foreign of	grants, check here		Ш	30a	2,299
31	Other program services (attach schedule) (Grants \$) If this amount includes foreign of	aranta ahaak hara	_		210	
32	(Grants \$) If this amount includes foreign of Total program service expenses (add lines 28a through 31a)	grants, check here		_	31a 32	29,273
	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	ven if not compensated	(See the	instructions f	or Part IV)
				(d) Co	ontributions	
	(a) Name and address	(b) Title and average hours per week devoted to	(c) Compensation (If not paid, enter		employee	(e) Expense account and
	(a) Hame and abaress	position	-0-)		fit plans & eferred	other allowances
				com	pensation	
	chael Clayton, 20140 SE San Rafel	Worshipful Ma		1		
	, Fairview, OR 97024	2.00	0.		0.	0
	nomas Barclay	Senior Warden	1		•	
	D Box 83954, Portland, OR 97283	1.00	0.		0.	0
	ric Headley, 9866 SE Linwood Ave, llwaukie, OR 97222	Junior Warden	0.		0.	0
1411	IIWaukie, Ok 9/222	1.00			<u> </u>	<u> </u>
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Page 3

Pa	art V Other Information (Note the statement requirements in the instructions for Part VI)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a	<u> </u>	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36	<u> </u>	X_
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.		Í	
	Did the organization file Form 1120-POL for this year?	37b	<u> </u>	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still unpaid at the start of the period covered by this return?	38a	<u> </u>	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b				
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright N/A; section 4912 \blacktriangleright N/A; section 4955 \blacktriangleright N/A		1	
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or			
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b_	N/	A
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under		ĺ	
	sections 4912, 4955, and 4958 Enter amount of tax on line 40c reimbursed by the organization O •		l	
	•			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed. None	406		_ A
	The books are in care of ► The Organization Telephone no. ► (503)	254	- 81	03
724	Located at ► 202 SE 84th Ave, Portland, OR ZIP+4 ► 9			05
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	741	<u> </u>	
•	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	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.			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	
		N/A	<u>. </u>	
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		1	
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45		X
		Form 9	90-EZ	(2008)

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Form 990-EZ (2008)

office? If "Yes," complete Schedule C, Part I 46 47 47 48 18 the organization empage in lobbying activities? If "Yes," complete Schedule C, Part II 48 18 the organization empage in lobbying activities? If "Yes," complete Schedule C 49 49 49 49 49 49 49	Form 990-E				<u>93-01127</u>	<u> 18</u>	Page 4
46	Part VI	Section 501(c)(3) organizations only. All section	on 501(c)(3) organizations mus	t answer question	s 46-49 and con	nplete th	10
of files? If "Yes," complete Schedule C, Part II 18 Is the organization operating a Scholar of Schedule II ("Yes," complete Schedule C, Part III 19 In the organization operating a Scholar of Schedule III ("Yes," complete Schedule E 19 In It was a marked to practically a section 577(b) (1)(A)(ii)? If "Yes," complete Schedule E 19 In It was a marked organization operating a Scholar of Schedule III ("Yes," complete Schedule E 19 In It was a marked organization of the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 than a daverage hours per week devoted to prosition (b) Title and average hours per week devoted to prosition (c) Compensation (d) Compensation (e) Compensation (f) Expense per week devoted to prosition (a) Name and address of each independent contractor paid more than \$100,000 to compensation from the organization. If there is none, enter "None." (a) Name and address of each independent contractor paid more than \$100,000 to compensation from the organization. If there is none, enter "None." (b) Title and average hours per week devoted to prosition (c) Compensation (d) Compensation (e) Compensation (f) Title and average hours per week devoted to prosition of marked per week devoted t		tables for lines 50 and 51.					
17 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 18 Is the organization operating a school as described in section 170(1)(1)(1)(1)? If "Yes," complete Schedule E 19 Did the organization make ally readers to an example non-blantable related organization? 10 If "Yes," was the related organization(s) a section 527 organization? 10 Complete this table for the "No philoset compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and address of each employee paid more than \$100,000 11 Yes, was the related organization(s) a section 527 organization? (b) Trill e and average hours per week devoted to position (c) Compensation (d) Complete this table for the two highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 10 If the employees paid over \$100,000 11 Complete this table for the two highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 11 N/A 12 If the employees paid over \$100,000 13 N/A 14 If the employees paid over \$100,000 15 Complete this table for the two highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." 12 N/A 13 Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None." 15 N/A 16 Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "None." 16 Propose the propose of the pr	46 Did th	e organization engage in direct or indirect political campaign activitie	s on behalf of or in opposition to o	candidates for public	_	\Ye	s No
### to regeneration operation of a section 2 part of the degree of the	office	? If "Yes," complete Schedule C, Part I			<u> </u>	46	
49a Dit the organization make any transfers to an exempt non-charable related organization? 49a 49b 11 / 19cs, was the related organization(s) a section 527 organization? 49b 11 / 19cs, was the related organization (s) a section 527 organization? 49b 11 / 19cs, was the related organization (s) a section 527 organization? 49c	47 Did th	e organization engage in lobbying activities? If "Yes," complete So	chedule C, Part II		_	47	
b If Yes,* was the related organization(s) a section \$27 organization? Other than table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee that is \$100,000 (e) Compensation (f) Compensation (g) Compensation (h) Title and average hours per week devoted to position (g) Compensation (h) Title and average hours to employee a paid over \$100,000 (g) Compensation (h) Title and average hours (g) Compensation (g) Compensation (h) Title and average hours (g) Compensation (g) Compensation (h) Title and average hours (g) Compensation (h) Title	48 Is the	organization operating a school as described in section $170(b)(1)(A)$)(II)? If "Yes," complete Sched	ule E	_	48	—
Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' (a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans & concording to the five highest compensation of the allowances of the five highest compensation of the remove than \$100,000 of compensation from the organization. If there is none, enter 'None.' N/A (a) Name and address of each independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.' N/A (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (b) Type of service (c) Compensation (b) Type of service (c) Compensation (d) Contributions (d) Contributions (d) Contributions (e) Compensation (f) Contributions (f) Contributions (f) Contributions (g) Compensation (h) Title and average hours (h) Compensation (h) Type of service		•	ed organization?		<u> </u>		
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Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Check if self- Preparer's		$\overline{}$					
Sign Here Correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Date	Total numb		accompanying schedules and stateme	nts and to the best of m	y knowledge and beli	ef it is true	
Preparer's Use Only Preparer's Preparer's Preparer's Preparer's	Sign Here	correct, and complete Declaration of preparer (other than officer) is based on a	all information of which preparer has any	/ knowledge	14 oct	<u> 2</u>	Ok
Preparer's Use Only Firm's name (or yours of self-employed). First Avenue, Suite 200 Phone ▶		Type or print name and title			·	_	
Use Only Firm's name (or yours of self-employed). Ternberg & Coombs L.L.P. EIN ▶ 730 S.W. First Avenue, Suite 200 Phone ▶	Paid Preparer's	Preparatis signature			parer's Identifying Nu	mber (See	ınstr)
f self-employed). ▶730 S.W. First Avenue, Suite 200 Phone▶	Use Only	Ternberg & Coomba L. L.			<u> </u>		-
							
					•	223-	<u>-965</u> 9

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ	Othe	er Expenses		Statement	1
Description				Amount	
Charitable donations Bank fees Taxes and licenses Depreciation expense Scholarships			-		30. 00. 71.
Total to Form 990-EZ,	line 16		-	5,20	00.
Form 990-EZ	Othe	er Revenue		Statement	2
Description				Amount	
Interest income Dividend income Other investment income	e		•	61,40 1,8° 2,9°	78.
Total to Form 990-EZ,	line 8			66,2	30.
Form 990-EZ Gain (Loss) From Pub	licly Traded Sec	urities	Statement	3
Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)
897.788 Shs of Equity Income-A	13,117.	14,477.	0.	<1,3	50 . >
1,910.663 Shs of Hi Yield Trust-A 912.650 Shs of Util	14,196.	24,071.	0.	<9,8	
Grth & Inc-A	13,215.	11,538.	0.	1,6	
To Form 990-EZ, line 5	40,528.	50,086.	0.	<9,5 !	58.>

Form 990-EZ	Other	Changes	in	Net	Assets	or	Fund	Balances	Statement	4
Description									Amount	
Net assets tr	ansferre	ed from t	two	501	(c)10 w	hicl	n were	e merged to		
this nonprofi	t entity	7•							1,386,8	54.
Total to Form	990-EZ	, line 20)						1,386,8	54.

FORM 990-EZ	ORM 990-EZ Information Regarding Transfers Associated with Personal Benefit Contracts					Statement				
directly of	ganization, during the year, receive any funds, indirectly, to pay premiums on a personal atract?		[]	Yes	[X]	No			
	ganization, during the year, pay premiums, indirectly, on a personal benefit contract?.	•	[]	Yes	[X]	No			

6

990-EZ Pg 2

Statement

Provide services to assist individuals, families and children in realizing their potential and enjoying the highest possible quality of life through the traditions of Freemasonry.