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Department of the Treasury Internal Revenue Service

## **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)

The organization may have to use a copy of this return to satisfy state reporting requirements

A F	or the 2008 c	alendar ye	ear, or tax year	beginning 11/0	01/08 , and e	nding 10	/31/0	9				
<u>-</u> 18 0	neck if applicable	Please use IRS	C Name of organ	nization	Circle Lod		_		D	Emplo	yer iden	tification numl
<b>~</b>	ddress change	label or	Doing Business		TICIE TOO	ge No .	<u> </u>			23-	1215	710
₹Ţ N	ame change	print or type.		treet (or P O box if mail is not	delivered to street address)			Room/suit	e E		one numb	
<u> </u>	itial return	See		st High St	•			1,001113011	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	relepin	me num	<b>7</b> 61
Te	ermination	Specific Instruc-	City or town.	, state or country, and ZIF	P + 4				G	Gross recei	pts \$	1,020,4
Aı	mended return	tions.	<u>Carli</u>	.sle	<u>PA</u>	17013				-		_
AI	pplication pending	F Name	and address of	f principal officer					H(a	a) Isthisa	a group retu	
									на	affiliate  Are all		Yes X
										ınclude	d?	Yes
	ax-exempt stat	tus X	501(c) _(	7 )_ <b> </b>	4947(a)(1) or	527				IT "NO,"	attach a iis	t (see instructions)
	Vebsite:			<u> </u>	1 1 4047 (4)(1) 01				H	c) Gmun	exemption i	number >
	ype of organizatio		poration Tru	ust Association	Other		L	Year of forma				f legal domicile
		ummai										
T	1 Briefly o	describe t	he organizatio	on's mission or most s	ignificant activities							
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Governance	2 Check t	this hoy	► ☐ If the (	organization discontin	ued its operations o	r disposed of	more than	25% of 1	te accate			
			_	the governing body (F		i disposed oi	i inoie tilaii	23/0 011	13 033613	3	110	6
) ණ (		-		members of the gove		line 1b)				4	0	<del></del>
) iĝ		-	=	Part V, line 2a)	2504) (, 4, 4, 7,	,				5	22	
Activities				stimate if necessary)						6		
Activities &				s revenue from Part V	III. line 12. column	(C)				7a		56,2
	-			e income from Form 9		,				7b		55,2
NNC 3 1 Ad V					_				Prior Year			Current Year
₽ <b>.</b>	8 Contrib	utions and	d grants (Part	VIII, line 1h), /ED				<u> </u>				
⇒ Ĕ	9 Progran	m service	revenue (Parl	t Augline ga) A C C						675		18,5
- ĕ	10 Investm	nent incor	ne (Part VIII, 7	cotumn (A), lines 3, 4,	and (nd)				<u> 158,</u>			54,6
ا ۳⊵	11 Other re	evenue (F	art VIII, logium	uu (U) Kudi 2 egi048	9c 10c, and 11e)				<u>573,</u>			632,8
<u></u>	12 Total re	evenue—a	add lines 8 thr	ough 11 (must equal	Part VIII column (A	.), line 12)			749,	163		706,0
_				aid (Part IX, column (								52,0
	14 Benefits	s paid to	or for member	rs (Paralle Solumn (A	) <del>, line 4) <sup>1</sup></del>							64,8
Se	15 Salaries	s, other c	ompensation,	employee benefits (P	art IX, column (A),	lines 5–10)			236,	356		<u>259,5</u>
penses	16a Profess	sional fund	draising fees (	(Part IX, column (A), I	ine 11e)			ļ				
~ .	<b>b</b> Total fu	ındraısıng	expenses (Pa	art IX, column (D), line	e 25) <b>&gt;</b>							
ற	17 Other e	expenses	(Part IX, colur	mn (A), lines 11a-11d,	, 11f-24f)				284,			228,0
- 1	18 Total ex	xpenses	Add lines 13-1	17 (must equal Part I)	K, column (A), line 2	:5)			521,			604,4
	19 Revenu	ue less ex	penses Subtr	ract line 18 from line	<u> 12 </u>	<del></del>		ļ <u>.</u>	228,			101,6
5 50 12 50 12 50			4.4.446%						ginning of Ye		<del></del>	End of Year 3,248,1
Net Assets or Fund Balances			rt X, line 16)					3		517		3,240,1
P P		-	Part X, line 26)	) Subtract line 21 from I	··· 20			<del></del>	,146,			3,248,1
			re Block	Subtract line 21 from 1	ine zu				, 140,	<u> </u>		7,240,1
_ F4									monto and	to the he	ot of my l	raculadas
	a	inder penal ind belief, it	ities of perjury, it	declare that I have exam , and complete Declaration	imed this return, includ on of∕preparer (other th	ng accompanyi an officer) is ba	ing schedule ased on all in	formation of	of which prep	arer has	any knov	viedge
Sig	· .	×	Chorne		1 di				,			2016
Her		<b>P</b> € Support	are of officer		<u> </u>					Date		
1101		Signatu	ne or onicer							Daic		
		Type or	r print name and	i title								
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Pai	<b>a</b> ,	Preparer's signature		R(i)				4/10	self-		(see ii	nstructions)
	parer's		· w		ka Assaunt	ting &			employed		1 2	6-01184
	Only	ım's name		Opossum La		ing &	Tax S	GTAT	-=	EIN	7 2	0-01184
	ı f	f self-emplo address, an		99 Campgro						Phone	717	-243-03
				Carlisle,					I	no 🕨	<u>'+'</u>	<del></del>
_				preparer shown abov			<del></del>					Yes Form <b>990</b> (2
DAA	For Privac	y Act and	ı raperwork F	Reduction Act Notice	e, see tne separate	Instructions	٠.					roim 33U (2

132,664 (Must equal Part IX, Line 25, column (B))

Form **990** (2008)

4e Total program service expenses ▶ \$

## Part IV 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,"			
_	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1 _ 1		32
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II			
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	4		<u> </u>
3	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	_		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to	_5_		
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I			х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	_	
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u>'</u> -		
•	complete Schedule D, Part III	8		x
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		x
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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	x	
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	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
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		X
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		X
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? If "Yes," complete Schedule F, Part III	16		X
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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 12 if "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u></u>	X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete		l	
•	Schedule J	23	-	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions		1	
_	24b-24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<del> </del>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		<u> </u>
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	_25a_	<del>                                     </del>	-
-	person from a prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	250		
-•	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	20		<u></u>
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		x
	The state of the s			(2008)

# Form 990 (2008) White Circle Lodge No 1 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			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			ĺ
	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,			ĺ
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31	\ 	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II.			
-	III, IV, and V, line 1	34	İ	x
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		x
	<del></del>			(0000)

<u>F-0</u>	Statements Regarding Other IRS Fillings and Tax Compliance						
4.	Enter the number reported in Pay 2 of Form 1006. Annual Summer, and Transmitted of				_	Yes	No
Ta	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	4.	0				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1a 1b	0		$\dashv$		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and rep				$\dashv$		
C	gaming (gambling) winnings to prize winners?	Ultabli	7		1c	1	х
2a		1					-
La	Statements, filed for the calendar year ending with or within the year covered by this return	2a	22				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return				→ 2b	x	Ì
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	13					<u> </u>
	instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d bv					
	this return?	,			3a	X	İ
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	ty				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		•				
	account)?				4a		x
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 I	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
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?			5b	L	X
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?				5c	<u> </u>	
6a	Did the organization solicit any contributions that were not tax deductible?				_6a	ļ	X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or					1
	gifts were not tax deductible?				6b	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more	than				1	
	\$75?				7a	-	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_			7b	├	+
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa required to file Form 8282?	S			7-		x
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			7c	-	
d e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p				-		
•	benefit contract?	5130116			7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?				7g	t	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	as			<u>                                   </u>	t —	<u> </u>
••	required?				7h		x
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	ion					
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spon						
	organization, have excess business holdings at any time during the year?	•			8	1	İ
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?				_ 9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		18,51	.0		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			_		
11	Section 501(c)(12) organizations. Enter.	, ,	ı				
а	Gross income from members or shareholders	11a			_		1
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them )	11b			_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	) 		12a	<del> </del>	<del> </del>
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					<u></u>

Form 990 (2008) White Circle Lodge No 1 23-1215710 Page 6 Governance, Management, and Disclosure (Sections A. B. and C request information about policies not required by the Internal Revenue Code.) Section 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 Enter the number of voting members of the governing body 1106 b Enter the number of voting members that are independent 0 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a material diversion of the organization's assets? 5 X Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members X of the governing body? 7a X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? X Each committee with authority to act on behalf of the governing body? Яh 9a Does the organization have local chapters, branches, or affiliates? 9a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9b Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations X must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 Is there any officer, director or trustee, or key employee listed in Part VII. Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies Yes No X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 14 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 The organization's CEO, Executive Director, or top management official? 15a 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 X with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate 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? Section C. Disclosure 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) 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 of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization > Thomas Snyder 20 East High Street

PA 17013

Carlisle

# 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

(A) Name and Title	(B) Average	Posi	tion (	() checl	C) k all t	that apply	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	hours per week	Individual trustee or director		Officer	Key employee	Former Highest compensated employee	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
Thomas Snyde									
Secretary	28			X			28,060	0	3,781
Ronnie Lesca									· · ·
Treasurer	15			X	<u> </u>		22,520	0	1,129
John Hershey									
Trustee	3		<b>↓</b>	X			2,400	0	120
Edward Ege					ŀ				
Trustee	3		<u> </u>	X	_		2,400	0	120
Devin Kenned	ly _								
President	3		ـــــ	X	ļ	<u> </u>	2,400	0	120
Patrick Sher								_	
Trustee	3		ـــــ	X	_	<b>├</b>	2,400	0	120
David H Moye	r								4.00
Vice Preside	3	+-		X		† † -	2,400	0	120
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Form	990 (2008		e Circle								23-121			P	age 8
Par		Section A		ors, Trus	tees	s, Ke			yees	s, ar	nd Highest Compensated				
	(A) Name and	l title	(B) Average hours per week		-				that a	_	compensation from	(E)  Reportable compensation from related	(F) Estima amour othe	ated at of	
					Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	er	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compens from sorganize and rel organiza	the ation ated	
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								_							
1b	Total									<u> </u>	62,580			5,	510
2		nber of indi ion ▶ 0	ividuals (including	those in	1a)	who	rece	eived	l mor	e th	an \$100,000 in reportable of	compensation from the			
3	Did the o	rganization	list any former o								oyee, or highest compensa	ited	3	Yes	No X
4	For any i	ndividual lis nization and	sted on line 1a, is	the sum	of re	port	able	con	npen	satio	on and other compensation es," complete Schedule J fo		4_		x
	services	rendered to	d on line 1a receion the organization Contractors								ny unrelated organization for such person	or 	5_		х
1	Complete	this table		est comp	ensa	ited	ınde	pend	dent	cont	ractors that received more	than \$100,000 of			
			(A) Name and business	address							Descrip	(B) ption of services	a	(C) ompensa	rtion
					_					-					
										-					
_	T-1-1				-:لور										
DAA			the organization	-	uain(	y inc		1 1)	W110	ece	eived more than \$100,000 ii	<u>-</u>	0	n <b>990</b>	(2008)

	U (2008) WILLE CIP		sage no r	<del></del>	<u>23-1215710</u>		Page 9
Part V		venue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
열担 1a	Federated campaigns	1a			/ \ / / / / / / / / / / / / / / / / / /		
p gra	Membership dues	1b					
Sta c	Fundraising events	1c	_				
g g	Related organizations	1d			1	ŀ	
8 <u>.E</u> e	Government grants (contributions)	1e				l	
ું ફુટ્ટી f	All other contributions, gifts, grants,					İ	
혈	and similar amounts not included above	1f				İ	
들실 a	Noncash contributions included in lines	1a-1f \$					
ပင်း h	Total. Add lines 1a-1f		•				
Program Service Revenue Contributions, gifts, grants and other similar amounts and other similar amounts and other similar amounts and other similar amounts and other similar amounts.			Busn. Code	-			······································
등   2a	Membership Dues			18,510			18,510
æ   ₽	=						
<u>i</u> 5					-		
ه اچ							<del></del>
E			<del></del>				
E f	All other program service re	Venue	<del>                                     </del>				
윤	Total. Add lines 2a–2f	venue	<u> </u>	10 510			AT 17 11/AT-11
3			<b>&gt;</b>	18,510			
"	Investment income (including	ig aiviaend		E4 603		F4 600	
١.	other similar amounts)			54,623		54,623	
4	Income from investment of t	tax-exemp	· · · · · · · · · · · · · · · · · · ·				
5	Royalties	<del>. T</del>	<u> </u>				
	(ı) Rea		(II) Personal			l	
6a		1,650			1		
b	· —				ł	ŀ	
C		1,650		1			
d	Net rental income or (loss) Gross amount from			1,650		1,650	
/a	sales of assets (i) Securi	ities	(II) Other				
	other than inventory						
b	Less cost or other						
	basis & sales exps						
С	Gain or (loss)						
d	Net gain or (loss)						
8a	Gross income from fundraising e	events	-				
第	(not including \$						
<b>6</b>	of contributions reported on line	1c)	:				
<b>&amp;</b>	See Part IV, line 18	a					
Other Revenue	Less direct expenses	ьГ					
<b>5</b>   <b>5</b>	Net income or (loss) from fu	ındraısına	events		1		
	Gross income from gaming activ						
	See Part IV, line 19	а			1		
Ь.	Less direct expenses	ь					
	Net income or (loss) from ga		vities				
	Gross sales of inventory, les						. <u> </u>
''	returns and allowances	a	945,640				
_	Less: cost of goods sold	۵ b	314,397	1			
		~ _		621 242	1	i	601 040
<del>  c</del>	Net income or (loss) from sa Miscellaneous Rever		Busn. Code	631,243			631,243
44-		100	Dusii. Code		‡	į	
11a			<del>  </del>				
þ			<del>  -  </del>		<del></del>	_	
C	<b>A.</b> 11		<del>                                     </del>				
d	All other revenue		L				
	Total, Add lines 11a-11d		▶		1	£ .	
			·	<del></del>			*****
е 12	Total Revenue. Add lines 19 9c, 10c, and 11e	h, 2g, 3, 4	·	706,026	0	56,273	***************************************

#### Statement of Functional Expenses Part IX

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must o	complete column (A) but an	e not required to comple	te 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		Охроносо	general expenses	OXPENSES
•	organizations in the U.S. See Part IV, line 21	52,005	52,005		
2	Grants and other assistance to individuals in	32,003	32,003		
-	the U S See Part IV, line 22				
3	Grants and other assistance to governments,				
J	_				
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4		64,800	64 900		
-	Benefits paid to or for members	04,800	64,800		
5	Compensation of current officers, directors,	26 100		06 100	
	trustees, and key employees	26,100		26,100	
6	Compensation not included above, to disqualified		İ		
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	150 050		450 050	
7	Other salaries and wages	172,359		172,359	
8	Pension plan contributions (include section 401(k)	40 500			
-	and section 403(b) employer contributions)	10,562		10,562	
9	Other employee benefits	29,078		29,078	
10	Payroll taxes	21,406		21,406	
11	Fees for services (non-employees)				
<b>a</b>	Management				
þ	Legal	2,500		2,500	<del></del>
C	Accounting	1,750		1,750	
d	Lobbying				
0	Professional fundraising services See Part IV, line 17				
f	Investment management fees			<del></del> .	<u></u>
g	Other				
12	Advertising and promotion				
13	Office expenses				<del> </del>
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				<del></del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u> </u>
	Conferences, conventions, and meetings				<del></del> - <del></del>
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,859	15,859		
23	Insurance				
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 )	74		= = = =	
а	Maintenance/Equip & Build	71,775		71,775	<del></del>
b	Administration	29,848		29,848	
C	Insurance	29,545		29,545	<del></del>
d	Utilities	28,830		28,830	
9	Income Taxes	24,703		24,703	<del></del>
f	All other expenses	23,288	400 444	23,288	
	Total functional expenses. Add lines 1 through 24f	604,408	132,664	471,744	
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				
<u></u>	fundraising solicitation	<u>_</u>			- 000 (case)

	art /	Balance Sneet		<del></del>			_		
					(A) Beginning of year		(B End of		
	1	Cash—non-interest bearing			220,483				264
	2	Savings and temporary cash investments		-	2,761,959	1		$\frac{21}{2}$	
	3	Pledges and grants receivable, net		-	2,101,939		2,7	9,	<u> 10T</u>
	4	Accounts receivable, net				3	<u> </u>		
	5	Receivables from current and former officers, directors, t	tanatana lini	}	<del></del>	4			
	3		-	1					
	6	employees, or other related parties. Complete Part II of S		-		5			
	•	Receivables from other disqualified persons (as defined		1					
		4958(f)(1)) and persons described in section 4958(c)(3)(i) Part II of Schedule L	b) Complete	ŀ		_			
<b>/</b> 0	_			-		6			
Assets	7	Notes and loans receivable, net		-	10.050	7			
SS	8	Inventories for sale or use		-	10,852	8			907
⋖	9	Prepaid expenses and deferred charges	11	335 450		9		12,1	182
	10a	, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	10a	335,458					
	Þ	Less accumulated depreciation Complete		200 545	400		_		
		Part VI of Schedule D	10b	220,547	130,770			L4,9	
	11	Investments—publicly traded securities		-	30,000	11		30,0	<u> 000</u>
	12	Investments—other securities See Part IV, line 11		-		12			
	13	Investments—program-related See Part IV, line 11				13			
	14	Intangible assets		-		14			
	15	Other assets See Part IV, line 11		-	2 454 224	15			
_	16	Total assets. Add lines 1 through 15 (must equal line 34	)		3,154,064	16	3,2	18,1	<u> 165</u>
	17	Accounts payable and accrued expenses		<u> </u> -		17			
	18	Grants payable		-		_18			
	19	Deferred revenue				19			
Ś	20	Tax-exempt bond liabilities		-	-	20			
Liabilities	21	Escrow account liability Complete Part IV of Schedule D		-		21			
ilia	22	Payables to current and former officers, directors, truster							
ial		employees, highest compensated employees, and disqu	alified						
_		persons Complete Part II of Schedule L		-		22			
	23	Secured mortgages and notes payable to unrelated third	parties	-		23		_	
	24	Unsecured notes and loans payable		-		24	<u>-</u>		
	25	Other liabilities Complete Part X of Schedule D		-	7,517	25			
	26	Total liabilities. Add lines 17 through 25	<del></del>		7,517	26			
ınces		Organizations that follow SFAS 117, check here ▶	_ and						
ž		complete lines 27 through 29, and lines 33 and 34.							
ali	27	Unrestricted net assets		<u>_</u>		27			
18	28	Temporarily restricted net assets		-		28			
Fund Bala	29	Permanently restricted net assets	. ==	-		29			
F		Organizations that do not follow SFAS 117, check her	•► <u>X</u>						
o		and complete lines 30 through 34.							
ts	30	Capital stock or trust principal, or current funds		-		30			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment				31			
ğ	32	Retained earnings, endowment, accumulated income, or	r other funds	<u> </u>	3,146,547	32	3,24		
let	33	Total net assets or fund balances		<u> </u>	3,146,547	33_	3,24		
	34	Total liabilities and net assets/fund balances			3,154,064	34	3,2	18,1	<u> 165</u>
Pi	ert )	Financial Statements and Reporting		<b>_</b>			<del> </del>		
			. 🗆 .	. 🗆			F	Yes	No
1			ash	L					
2a		ere the organization's financial statements compiled or rev	-		ant?		2a_		<u>X</u>
b		ere the organization's financial statements audited by an ir	-				2b		X
C		Yes" to lines 2a or 2b, does the organization have a comm							
_		e audit, review, or compilation of its financial statements a					2c_		
3a		a result of a federal award, was the organization required	to undergo an a	udit or audits as s	et forth in				
-		Single Audit Act and OMB Circular A-133?					3a		
b	If "	Yes," did the organization undergo the required audit or ai	udits?				3b		

SCHEDULE D

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047
2008

Open to Public Inspection

Name of the organization **Employer identification number** White Circle Lodge No 1 23-1215710 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_ \_ \_ \_ \_ Number of states where property subject to conservation easement is located \_ \_ \_ \_ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

		Cle Lodge No			<u>23-12</u>				Page 2
Pa	IT       Organizations Maintaining	Collections of Art,	Historical Trea	sures, o	r Other	Similar	Assets	(contin	ued)
3	Using the organization's accession and other items (check all that apply)								
а	Public exhibition	d $\Box$ Loan $\alpha$	or exchange program	me					
ь	Scholarly research	e Other	or exchange program	113					
c	Preservation for future generations	e □ Other			<b>– –</b> –	<b>–</b> –			
4	Provide a description of the organization's col	lections and explain how t	they further the orga	anızatıon's	exempt pu	ırpose ın			
5	Part XIV  During the year, did the organization solicit or	receive donations of art,	historical treasures,	or other s	ımılar				
	assets to be sold to raise funds rather than to	be maintained as part of	the organization's c	ollection?				Yes	No
Pa	art IV Trust, Escrow and Custodi	ial Arrangements. C	complete if orga	ınization	answer	ed "Yes	" to For	n 990,	
	Part IV, line 9, or reported a	n amount on Form	990, Part X, line	e 21.					
1a	Is the organization an agent, trustee, custodia	in or other intermediary fo	r contributions or ot	her assets	not			·	
	included on Form 990, Part X?	•					П	Yes	∏ No
b	If "Yes," explain the arrangement in Part XIV a	and complete the following	table						
			,					Amoun	<del></del>
С	Beginning balance					1	. —		
٦	Additions during the year						<del></del>		
•						10			
•	Distributions during the year					<u> </u>			
f	Ending balance					1	<u> </u>		
	Did the organization include an amount on Fo	rm 990, Part X, line 21?						Yes	∐ No
	If "Yes," explain the arrangement in Part XIV								
178	rt V Endowment Funds. Compl		nswered "Yes"	<u>to Form</u>	<u>990, Pa</u>	<u>rt IV, lin</u>	<u>e 10.</u>		
	1	(a) Current year	(b) Prior year	(c) Two y	rears back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								
С	Investment earnings or losses								
d	Grants or scholarships								
е	Other expenditures for facilities								•••••
	and programs								
f	Administrative expenses			1		***************************************	••••••		***************************************
g	End of year balance								····
2	*	and halance held as		<u> </u>		L	·····	L	
<b>-</b> а	Board designated or quasi-endowment								
_	Permanent endowment   — %	70							
b	Term endowment \(\rightarrow\) \(\rightarrow\)								
C									
3a	Are there endowment funds not in the posses	sion of the organization th	at are held and adn	nınıstered	for the			r	
	organization by								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	listed as required on Sch	edule R?					3ь	
4	Describe in Part XIV the intended uses of the								
<u>Pa</u>	rt VI Investments—Land, Buildi	ngs, and Equipmen	t. See Form 99	0, Part 2	X, line 10	).	_	-	
	Description of investment	(a) Cost or other basis	(b) Cost or ot		(c) Dep	preciation		(d) Book	value
		(investment)	basis (other	"	<del></del>				
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment								
ө	Other		335	,458		220,5	47	1:	14,911
Tota	. Add lines 1a-1e. (Column (d) should equal Fe	orm 990, Part X, column (					<b>&gt;</b>		14,911

schedule D (Form 990) 2008 White Circle Lodge No		23-1215/10	Page 3
Part VII Investments—Other Securities. See Form 99	90. Part X. line 12.		
(a) Description of security or category	(b) Book value	(c) Method of va	luation
(including name of security)	(D) Book Value	Cost or end-of-year n	
		Cost of end-of-year in	
Financial derivatives and other financial products			
Closely-held equity interests	L		
Other			
			<del></del>
	-		
	-		
	-	<del>                                     </del>	
	- <del> </del>	<u> </u>	<del></del>
<b></b>			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 9			<u></u>
			<del></del>
(a) Description of investment type	(b) Book value	(c) Method of va	
		Cost or end-of-year n	narket value
	1		· · · · · · · · · · · · · · · · · · ·
			<u>_</u>
	<del></del>	<del></del>	
	<del>-</del>		
Total (Oakara (b) abadda a al Francisco D. 1 V. 1 (D) I. 10			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13 )			<u>.</u> .
Part X Other Assets. See Form 990, Part X, line 15.			
(a) Description			(b) Book value
· · · · · · · · · · · · · · · · · · ·			
			<del></del>
Takal (Oakura (b) abasid assal Farra 000 Dad V and (D) has 45 \			
Total. (Column (b) should equal Form 990, Part X, col (B) line 15)		<b></b>	
Part X Other Liabilities. See Form 990, Part X, line 3	<u>25.                                    </u>		
(a) Description of liability	(b) Amount		
Federal income taxes			
T design modifie taxos	<del>-</del>		
<del></del>			
		7	
<del></del>			
		_	
·-			
		-1	
		4	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	·		
In Part XIV, provide the text of the footnote to the organization's financial st		organization's liability for	
	tatements that reports the c	nganization's liability for	
uncertain tax positions under FIN 48			

	dule D (Form 990) 2008 White Circle Lodge No 1		23-121571	.0	Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to	<u>Fina</u>	ncial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2_	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3_	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5_	
6	Investment expenses			6_	
7	Pnor period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4-8			9_	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9			10_	
Pa	tt XII Reconciliation of Revenue per Audited Financial Statemen	nts W	Vith Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1_	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
þ	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d		]	
8	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ſ			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		1	
С	Add lines 4a and 4b	\		4c	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12)			5	
	Reconciliation of Expenses per Audited Financial Statement	ents '	With Expenses per I	Retur	'n
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				-
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		]	
С	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
Θ	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1	_		3_	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				· <del>-</del>
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		]	
С	Add lines 4a and 4b	_		4c_	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	
Pa	nt XIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	nes 1a	and 4, Part IV, lines 1b		······································
and 2	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d	and 4b	b		
			-		
_					
_					
_					<del>-</del> <del>-</del>
_					
_	_ <b></b>		_ <del>_</del>	_	
_					
_					
_			<del>-</del>	_	

Schedule D (F	orm 990) 20	08 <b>W</b>	hite	Cir	cle	Lod	ge :	No	1			 _	23-	121	5710					Pag	je <b>5</b>
Part XIV	Supplen	<u>nental</u>	Inforn	nation	(contin	ued)						 									
									<del>-</del> -		-	 		. <b></b>			_			- –	-
			- <b>-</b> -	·							_	 		. <del>-</del> -	- <b>-</b>		_			- –	_
					- <b>-</b>						_	 			- <del>-</del> ·		_			- –	-
	- <del>-</del>					<b>-</b> -	<del>-</del> -				_	 		. – -			_			- –	_
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SCHEDULEI (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.

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

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Name of the organization	organization Table ナー・フェー・コー・コー・コー・コー・コー・コー・コー・コー・コー・コー・コー・コー・コー					Employer 22-12	Employer identification number クラニナン1 Eフ1 A	ber	
Parti	General Information on Grants and Assistance	Assistance				71-07	01/01		
1 Does	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Describe in Bott IV the organization's procedures for monitoring the use of grant finds in the United States.	te amount of the grace?	rants or as	sistance, the grantees'	eligibility for the grant:	s or assistance, an	Į	X Yes	2
<u>@</u>	Grants and Other Assistance to Governments and Form 990, Part IV, line 21, for any recipient that rec Part IV and Schedule I-1 (Form 990) if additional sp	vernments and ve	d Organ ceived n pace is I	I Organizations in the United States. Complete if the organization answered "Yes" on eived more than \$5,000. Check this box if no one recipient received more than \$5,000 is needed	nited States. Corr Check this box if	plete if the org no one recipie	janization ansv	I Organizations in the United States. Complete if the organization answered "Yes" on eived more than \$5,000. Check this box if no one recipient received more than \$5,000. Use hace is needed	
-	(a) Name and address of organization or government	(b) 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	
Various				52,005					
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2 Enter	Enter total number of section 501(c)(3) and government organizations	rganizations							

3 Enter total number of other organizations

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

Schedule I (Form 990) 2008

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Page 2	rm 990, Part IV, line 22.	(e) Method of valuation (book, (f) Description of non-cash assistance					onal information.
	ation answered "Yes" on Fo	(e) Method of valuation (book,	FINV, appraisa, orner)				, line 2, and any other additi
23-1215710	mplete if the organiz	(d) Amount of	non-cash assistance				on required in Part I,
2	e United States. Col s needed.	(c) Amount of	cash grant				provide the informati
Lodge No 1	to Individuals in the if additional space is	(b) Number of	suaidoai				omplete this part to p
Schedule I (Form 990) 2008 White Circle Lodge No 1	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.	(a) Type of grant or assistance					Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information
Schedule I (Fo	Part III			;			Part IV

**SCHEDULE O** 

(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization

White Circle Lodge No 1

Employer identification number 23-1215710

Form 990, Part III, Line 4d - All Other Achievements Service to members. All revenue from member funds. Grants

Form 990, Part VI, Line 6 - Classes of Members or Stockholders Members

Form 990, Part VI, Line 7a - Election of Members and Their Rights Members elect governing body.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members At this time all final decisions are approved by members.

Form 990, Part VI, Line 10 - Organization's Process Used to Review Form 990 Form 990 read on the floor to membership at a regularly scheduled meeting -Motion carried