

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2008

		of the Treasur inue Service	^y ▶ T	The organization may i	have to use a co	py of this retur	n to satis	fy state rep	orting req	uirements.	Inspection	Ŭ
A	For th	ne 2008 ca	elendar	year, or tax year beg	inning DEC	EMBER 1	2008, a	nd ending	NOVE	MBER 30	, 20 09	_
B 0	heck if	applicable	Please	C Name of organization	LEE LODGE #	209 AF & AN	Λ			D Emplo	yer identification num	nber
	ddress	s change	use IRS label or	Doing Business As						23	7107699	
		hange	print or type.	Number and street (or P	D box if mail is not de	elivered to street add	tress)	Room/suite		E Teleph	none number .	
	nitial re	eturn	See	PO BOX 207						(540)	942-6743	
_	ermina		Specific Instruc-	City or town, state or	country, and ZIP +	4		-				
		ed return	tions.	WAYNESBORO, \						G Gross r	eceipts \$ 57	642
		on pending	F Nan	ne and address of princip	oal officer: WILL	IAM T. ELLIS	ON, JR		H(a) Is the	s a group retur	n for affiliates? ☐ Yes	ΖNο
			1528 T	TUCKAHOE ROAD,	WAYNESBOR	O, VIRGINIA	22980		1			□No
1	Tax-ex	empt status	· [] 5	501(c) (10) ◄ (insert no)	4947(a)(1) oi	r 🗌 527	_		J If "N	lo," attach a	a list (see instructions)	
_		ite: ▶					,			exemption nu		
	<u> </u>	organization		ration 🗌 Trust 🗹 Associa	tion ☐ Other ►		L Year	of formation	1866	M State of	of legal domicile. VA	
Pa		Summ			-							
Governance		EDUCA	CTER C FION, A	the organization's r OF THE INDIVIDUA AND LEADERSHIP	L MAN BY PRO	OVIDING OPI	ORTUN	NITIES FO	R FELLC	WSHIP,	CHARITY,	-
/era		RELIEF		-					CO/ -{ -4			
ģ				f the organization of					5% of its a		I	
ශ්				ng members of the		•	•			. 3		—
į			•	pendent voting mer	•		•	i, line 10)		5	- 	—
Activities &				f employees (Part V	· · · · · · · · · · · · · · · · · · ·					6		
۱	6 70	Total are	nber or	f volunteers (estimat	e ii iiecessary)		olumn /	· · ·		7a		
	b	Net unrel	ated bu	elated business reve usiness toxable inco	me trem Form	990-T. line 3	4	·		. 7b		
\exists			1	KEOL	181		 		Prior Y		Current Year	
	8	Contribut	lions ar	gkants (Part VIIIo	No Milani					4645	12:	539
2	9	Program	service	e evenue (Kart VIII,	line 20)					3279	4:	800
Revenue	10	Investme	nt inco	me Part VIII, colum	in (A) viinage 3	and 7d)				135	 	218
Œ				Part VIII, column			 d 11e)			37399	40	085
				idd ines 8 th ough				12)		45458	57	642
	13	Grants ar	nd sımil	ilar amounts paid (P	art IX. column	(A), lines 1–3					6:	264
				or for members (Pa								0
ses				ompensation, employ				_10)			1.	440
Expenses		-		draising fees (Part IX	•	•	•					0
页				expenses (Part IX, c	• •	=		133/03				10
			_	(Part IX, column (A						47702	40	169
				Add lines 13-17 (m			A), line 2	5) 🗀		47702	47	873
	19	Revenue	less exp	penses Subtract_line	18 from line 12	! <u></u>	<u></u>			(2244)	9	769
Net Assets or Fund Balances									Beginning	of Year	End of Year	
sset 3ala	20	Total ass	ets (Pa	ırt X, line 16)						761065	773	<u> 189</u>
at A				Part X, line 26)								
				ind balances. Subtra	act line 21 from	n line 20	· · ·			761065	773	<u>189</u>
Fά	rt II		ature l	perjury, I declare that I ha	ave everyweed this re	atura makudaa a		ina cahadida	s and states	and t	a the best of my knowle	odeo
Sig Hei		and believed Signature	f, it is true LLIA	officer M T ELLISON J	Declaration of pre	parer (other than	officer) is		information	of which p		
		Туре	or print-	name and title			<u></u>	12.				
Paid Pren	arer's	Preparer's signature		ten Fen			Date 4/2/	ZOXO Chec self- empl	kıf oyed ► 🔽	Preparer's (see instruc	identifying number ctions) 232-60-9366	
Use		Firm's na		JERRY L PI	ENCE				EIN	•		
-3 C	Jiny	if self-em address,	and ZIP -		RAIL, WAYNE	SBORO, VIR	SINIA 2	2980	Phone r	10. ▶ (54)	0) 943-6462	

FOR FELLOWSHIP, CHARITY, EDUCATION, AND LEADERSHIP BASED ON THE THREE ANCIENT MASONIC TE BROTHERLY LOVE, RELIEF AND TRUTH. 2 Did the prior Form 990 or 990-E2?	Par	t III Statement of Program Service Accomplishments (see instructions)
the proof Form 990 or 990-EZ?	1	ENHANCES AND STRENGTHENS THE CHARACTER OF THE INDIVIDUAL MAN BY PROVIDING OPPORTUNITIES FOR FELLOWSHIP, CHARITY, EDUCATION, AND LEADERSHIP BASED ON THE THREE ANCIENT MASONIC TENETS:
services?	2	the prior Form 990 or 990-EZ?
4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses section 501(c)(3) and 501(c)(4) organizations and section 4947(e)(1) trusts are required to report the amount of gran allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:	3	services?
DONATIONS IN THE AMOUNT OF \$4964 WERE MADE TO TWENTY THREE ORGANIZATIONS CONSISTENT WITOUR ORGANIZATIONS MISSION. DONATIONS WERE ALSO MADE TO TWO INDIVIDUALS IN THE AMOUNT OF \$130 WHICH WERE ALSO CONSISTENT WITH THE ORGANIZATIONS MISSION. THE TOP THREE RECEIPENTS WERE: BOY SCOUTS - \$1000 B. GLOVER SCHOLARSHIP - \$1000 BOYS AND GIRLS STATE SPONSORSHIP - \$465 4b (Code:) (Expenses \$	4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
4c (Code:) (Expenses \$	4a	DONATIONS IN THE AMOUNT OF \$4964 WERE MADE TO TWENTY THREE ORGANIZATIONS CONSISTENT WITH THE ORGANIZATIONS MISSION. DONATIONS WERE ALSO MADE TO TWO INDIVIDUALS IN THE AMOUNT OF \$1300 WHICH WERE ALSO CONSISTENT WITH THE ORGANIZATIONS MISSION. THE TOP THREE RECEIPENTS WERE:
4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	4b	
(Expenses \$ including grants of \$) (Revenue \$)	4c	(Code:) (Expenses \$
Total program Service expenses ► \$\(\pi\) \(\frac{1}{2}\) \(\frac{1}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}\) \(\frac{1}2\)		Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ \$ 7704 (Must equal Part IX, Line 25, column (B).)

Pai	rt 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		/
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		1
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
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_		1
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	:	1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8_		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
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	1	
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		/
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		1
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		✓_
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		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 18	-	1
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	19		1
19 20	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		1
20 21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	_	1
 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		√
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		✓
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 24b–24d and complete Schedule K. If "No," go to question 25.	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		 -
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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 I	25a		1
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	25b		1
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		1
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 L, Part III	27		1

Pai	Till 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 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,			
	Part IV	28a		1
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV.	28b		1
C	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		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
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		1
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1c		اا
_	gaming (gambling) winnings to prize winners?			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return 2a 3			
h	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
U	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see			
	instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
-	this return?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		1
	account)?	-70		,
IJ	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		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	_		
	Regarding Prohibited Tax Shelter Transaction?	5с 6а		1
	Did the organization solicit any contributions that were not tax deductible?	-		Ť
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	7a		1
	\$75?	7b		<u> </u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal]		اــــا
	benefit contract?	7e		√
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓_
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
	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	. 1		
	organization, have excess business holdings at any time during the year?	8		
	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:	,		
	Initiation fees and capital contributions included on Part VIII, line 12	,		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	, }		
	Section 501(c)(12) organizations. Enter:	,		
	Gross income from members or shareholders	,		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	,		
	amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b			

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

<u>Sec</u>	tion 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			į
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
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		✓
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? .	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		√
6	Does the organization have members or stockholders?	6		✓
7a				
	of the governing body?	7a	✓	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			}
	the year by the following:			
а	The governing body?	8a	✓	
	Each committee with authority to act on behalf of the governing body?	8b		✓
	Does the organization have local chapters, branches, or affiliates?	9a		✓
	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		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	✓	
11	is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		✓_
Sec	tion B. Policies			
Sec			Yes	No
		12a	Yes ✓	No
12a	tion B. Policies		√	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	Yes ✓	No
12a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b	√	No
12a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c	✓ ✓	No
12a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13	✓ ✓ ✓	No
12a b c 13	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c	✓ ✓	No
12a b c	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13	✓ ✓ ✓	No
12a b c 13 14	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	✓ ✓ ✓	No
12a b c 13 14	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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?	12b 12c 13 14	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No
12a b c 13 14	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No
12a b c 13 14 15	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No
12a b c 13 14 15	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 13 14 15a 15b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	No
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 13 14 15a 15b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	12b 12c 13 14 15a 15b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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?	12b 13 14 15a 15b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? Liton C. Disclosure	12b 12c 13 14 15a 15b	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b 12c 13 14 15a 15b 16a	\frac{1}{\sqrt{1}}	
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? List the states with which a copy of this Form 990 is required to be filed VIRGINIA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)	12b 12c 13 14 15a 15b	\frac{1}{\sqrt{1}}	
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed VIRGINIA 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.	12b 12c 13 14 15a 15b	\frac{1}{\sqrt{1}}	
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶VIRGINIA 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	12b 12c 13 14 15a 15b 16a 16b	√	
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? List the states with which a copy of this Form 990 is required to be filled ▶VIRGINIA 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.	12b 12c 13 14 15a 15b 16a 16b	√	
12a b c 13 14 15 a b	Does the organization have a written conflict of interest policy? If "No," go to line 13. Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶VIRGINIA 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	12b 12c 13 14 15a 15b 16a 16b	√ √ √ √ ✓ only)	

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

☐ Check this box if the organization did not co		any o	offic			ctor,	trus			- -
(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
MILTON A HREBINKO MASTER	10			1				0	0	0
BRIAN L FLOCK SENIOR WARDEN	10			1				0	0	0
RUSSEL G SNODGRASS JUNIOR WARDEN	2			1				0	0	0
WILLIAM T ELLISON, JR. SECRETARY	15			1		1		1200	0	0
JAMES R DAVIS SENIOR DEACON	2	1		1				0	0	0
KENNETH W DAMERON JUNIOR DEACON	2	1		1				0	0	0
LAWRENCE E SMOOT CHAPLIN	1							0	0	0
TOMMY L SWISHER SENIOR STEWARD	1							0	0	0
HERBERT F TALLMAN JUNIOR STEWARD	1							0	0	0
DAVID E SNYDER MARSHAL	1							0	0	0
GEORGE D MCCOURRY TILLER	2							120	0	0
JACK K PURVIS TREASURER	2			1				120	0	0
						_				

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and High						hes	st Compensated Employees (continued)				
	(A)	(B) Average	L .		•	C)			(D)	(E)	(F)	
	Name and title	Average hours per week	Individual trustee or director	nstrtutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organization	f on on d
								!				
					<u></u>							
						_						
												_
1b		<u> </u>						•	1440	0		0
2	Total number of individuals (including thosorganization ▶	e in 1a) wh	o rec	eive	ed n	nore	e thar	1 \$1	00,000 in repo	rtable compens	sation from the	ne
	organization P									-	Yes	No
3	Did the organization list any former office	er, director	or tru	uste	e, k	еу	emplo	oyee	e, or highest o	ompensated		
	employee on line 1a? If "Yes," complete S	chedule J	for su	ch i	ındı	vidu	ıal .	٠.			3	✓_
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.										4	√
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	comp comp plete	pens S <i>ch</i> e	 satio edu	on f le J	rom a for s	any uch	unrelated org	anization for	5	✓
Se	ction B. Independent Contractors											
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	nt c	ontra	ictoi	rs that received	d more than \$1	00,000 of	
	(A) (B) Name and business address Description of services							ervices	(C) Compensation			
								_				
2	Total number of independent contractors compensation from the organization ▶	(including t	those	ın '	1) w	ho	recei	/ed	more than \$10	00,000 in		

Pom s	_		00110			 	_	rage .
Par	. VII	Statement of Rev	enue	i	(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	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contrib All other contributions, gifts, gra and similar amounts not include Noncash contributions included Total. Add lines 1a–1f	utions). 1c 1d 1e ants, ed above 1f In lines 1a-1f: \$	12539	12539			
				Business Code				
Program Service Revenue	2a b c				423	423		
رة E	d							
gra	f	All other program service	e revenue .		4377	4377		
<u> </u>	g	Total. Add lines 2a-2f		▶	4800			
	3	Investment income (incluother similar amounts) Income from investment of	tax-exempt bone	▶ di proceeds ▶	218	218		
	5	Royalties	(ı) Real		····	+		
	b	Gross Rents Less: rental expenses	40379 1386 38993	(ii) Fersonal				
	d	Net rental income or (los	s)	🕨	38993	38993		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less. cost or other basis and sales expenses .						
		Gain or (loss) L Net gain or (loss)		•				
Other Revenue	8a	Gross income from events (not including \$. of contributions reported See Part IV, line 18	on line 1c).	1092				
the		Less direct expenses						
0		Net income or (loss) from Gross income from gamin	ig activities.	vents ▶	1092	1092		
		See Part IV, line 19 Less: direct expenses. Net income or (loss) from	b	ties ▶				
		Gross sales of inventering and allowances	itory, less					
		Less: cost of goods sold Net income or (loss) from	sales of invento					
		Miscellaneous Reven		Business Code				_
;	11a b			_			- ·	
į	С							
		All other revenue			-			-
		Total. Add lines 11a-11d Total Revenue. Add line 9c, 10c, and 11e			57642	57642		

Part IX Statement of Functional Expenses

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

	All other organizations must complete cor	ullil (A) but are no	t required to com	piete 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	4964	4964		
2	Grants and other assistance to individuals in	1300	1300		
3	the U.S. See Part IV, line 22				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		-		
5	Compensation of current officers, directors, trustees, and key employees	1440	1440		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
	Fees for services (non-employees): Management				
	Legal				•
	Accounting	250		250	•
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other				· · · · · · · · · · · · · · · · · · ·
12 13	Advertising and promotion	3883		3883	
14	Office expenses			,5555	· · · · · · · · · · · · · · · · · · ·
15	Royalties				
16	Occupancy	13904		13904	
17	Travel				
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials Conferences, conventions, and meetings.	7935		7935	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization.				
23	Insurance	2149		2149	
24	Other expenses. Itemize expenses not	ļ			
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	RETURNED CHECK	171		171	
b	MEMORIALS	350		350	
С	SOCIAL ACTIVITIES AND MEALS	4054		4054	
d	REFRESHMENTS	2400		2400	
e f	All other expenses MISCELLANEOUS	5073	- 	5073	
25	Total functional expenses. Add lines 1 through 24f	47873	7704	40169	
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				
		 		J	

Pa	rt X	Balance Sheet					
			(A) Beginning of year			B) of year	
	1	Cash—non-interest-bearing	2113	1			1540
	2	Savings and temporary cash investments	80952	2		9	3649
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, trustees, key		_			
		employees, or other related parties. Complete Part II of Schedule L .		5			
	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		6			
Ŋ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
As	9	Prepaid expenses and deferred charges		9			
	10a	Land, buildings, and equipment: cost basis 10a 678000					
	b.						
		Part VI of Schedule D	678000			67	8000
	11	Investments—publicly traded securities		11			
	12	Investments—other securities. See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		15			
	15 16	Other assets. See Part IV, line 11	761065			77	3189
_				17			3103
	17	Accounts payable and accrued expenses		18			
	18	Grants payable		19			
	19 20	Deferred revenue		20			
Ś	21	Tax-exempt bond liabilities		21			
ij	22	•					
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified		00			
_		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		24			
	24	Unsecured notes and loans payable		25			
	25 26	Other liabilities. Complete Part X of Schedule D		26			
es		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.					
lances	27	- · · · · · · · · · · · · · · · · · · ·	83065	27		9	5189
3al	28	Unrestricted net assets	678000				8000
P	29	Permanently restricted net assets		29			
or Fund Ba	23	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
ts o	30	Capital stock or trust principal, or current funds		30			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32			
Net	33	Total net assets or fund balances	761065	33		77	3189
	34	Total liabilities and net assets/fund balances	761065	34		<u>77</u>	<u>3189</u>
Pa	rt XI	Financial Statements and Reporting					
1	Acc	counting method used to prepare the Form 990: 🗹 Cash 🗀 Accrual	☐ Other			Yes	No
		re the organization's financial statements compiled or reviewed by an indi		1?	2a		1
	b Were the organization's financial statements audited by an independent accountant?						
		(es" to lines 2a or 2b, does the organization have a committee that assumes		sight of			
_		audit, review, or compilation of its financial statements and selection of an inc		-	2c		<u> </u>
3 a	Asa	a result of a federal award, was the organization required to undergo an a					
	the	Single Audit Act and OMB Circular A-133?			3a	<u> </u>	1
b	lf "\	Yes," did the organization undergo the required audit or audits?			3b	1	1

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

	ne of the organization	Employer identification number
_	E LODGE #209 AF & AM	23 7107699
Pa	Organizations Maintaining Donor Advised Funds or Other Single the organization answered "Yes" to Form 990, Part IV, line 6.	milar Funds or Accounts. Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year) .	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the as funds are the organization's property, subject to the organization's exclusive le	
6	Did the organization inform all grantees, donors, and donor advisors in writing used only for charitable purposes and not for the benefit of the donor or dono	r advisor or other
Б.	Impermissible private benefit?	Yes No
	Conservation Easements. Complete if the organization answered	
1		ervation of an historically important land area servation of certified historic structure
	on the last day of the tax year.	
		Held at the End of the Year
а	Total number of conservation easements	2a
b		
C		
d		
3	Number of conservation easements modified, transferred, released, extinguished the taxable year ▶	
4	Number of states where property subject to conservation easement is located	>
5	Does the organization have a written policy regarding the periodic monitoring,	
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing ease	ments during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easeme	nts during the year ► \$
8	Does each conservation easement reported on line 2(d) above satisfy the required 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in ibalance sheet, and include, if applicable, the text of the footnote to the organithe organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasur Complete if the organization answered "Yes" to Form 990, Part IV,	es, or Other Similar Assets. ine 8.
1a	If the organization elected, as permitted under SFAS 116, not to report in its reart, historical treasures, or other similar assets held for public exhibition, education provide, in Part XIV, the text of the footnote to its financial statements that design and the statements of the footnote to its financial statements.	on, or research in furtherance of public service,
b	If the organization elected, as permitted under SFAS 116, to report in its reven historical treasures, or other similar assets held for public exhibition, education 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	▶ \$
2	If the organization received or held works of art, historical treasures, or other following amounts required to be reported under SFAS 116 relating to these its	
		▶ \$

Pa	ae	2
	40	-

Par	t III Organizations Maintaini	ng Collections	of Art, His	storica	l Treasures,	or Other	Similar As	sets (continued)
3	Using the organization's accession items (check all that apply):	and other records	s, check a	ny of th	ne following th	at are a s	significant us	e of its collection
а	Public exhibition		d		oan or exchan			
b	Scholarly research		е	\Box c	ther	•		
С	☐ Preservation for future generat							
4	Provide a description of the organize Part XIV.	ation's collections	and expla	ain how	they further t	he organi	zation's exer	mpt purpose in
5	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Par	Trust, Escrow and Custo Part IV, line 9, or reported					answere	d "Yes" to f	Form 990,
	Is the organization an agent, trustee included on Form 990, Part X?					ns or othe	r assets not	☐ Yes ☐ No
þ	If "Yes," explain the arrangement in	Part XIV and con	nplete the	follow	ng table:		Λ	
						1c	AII	ount
C	Beginning balance					1d		
	Additions during the year					1e		
e	Distributions during the year					1f		-
f 2a	Ending balance							Yes No
	If "Yes," explain the arrangement in		, Fait A, III	116 21:				□ Te3 □ ITO
	rt V Endowment Funds. Con		zation ans	swered	"Yes" to Fo	rm 990,	Part IV, line	10.
		(a) Current year	(b) Prior	year	(c) Two years b	ack (d) Th	ree years back	(e) Four years back
1a	Beginning of year balance							
b								
С	Investment earnings or losses .							
d	Grants or scholarships						,	
е	Other expenditures for facilities and programs							
f g	Administrative expenses End of year balance			 				
2	Provide the estimated percentage of	f the year end bal	ance held	as.				
а	Board designated or quasi-endowm	ent ▶	%					
b								
C	Term endowment ▶%							
3a	3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. Yes No							
	(i) unrelated organizations							3a(i)
	(ii) related organizations	. 						3a(ii)
b	If "Yes" to 3a(II), are the related orga							3b
4	Describe in Part XIV the intended us							
Par	t VI Investments—Land, Bu				"			
	Description of investment (a) Cost or other basis (b) Cost or other basis (c) Depreciation (d) Book value basis (other)					(d) Book value		
1a	Land							
b	Buildings	67800	JU	67	8000	0_		678000
С	Leasehold improvements	.						
	Equipment	·						
	Other	gual Form 990 Par	rt X. colum	n (R) Im	10/c))	 .	•	678000
. 00		quari onir 330, Fai	. A, COIUITI	ا ااا , (ت)	. 10(0)./	• • •		070000

Schedule D (Form 990) 2006		, , <u>, ,</u>	rage C
Part VII Investments - Other Securitie	s. See Form 990, Part X	(, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year man	uation arket value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
	, , , , , , , , , , , , , , , , , , , ,		
			· ····
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments—Program Relate	ed. See Form 990, Part >	(, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year m	
-			
			<u></u> .
		<u> </u>	<u>-</u>
	<u> </u>		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets. See Form 990, Pa			
	(a) Description		(b) Book value
		· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	
			-
Total. (Column (b) should equal Form 990, Part X, co			
Part X Other Liabilities. See Form 990,			
(a) Description of liability	(b) Amount		
Federal income taxes	(a) runoun	_	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25) ▶			

3 Excess or (deficit) for the year. Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Total adjustments (net). Add lines 4–8 9 Total adjustments (net). Add lines 4–8 1 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) 2d 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 2a through 2d 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 Total revenue. Add lines 3 and 4c. (This should equal Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 Cases reported on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2 Cases reported on Form 990, Part IX, line 25: a Donated services in Part XIV) a dother (Describe in Pa	Total revenue (Form 990, Part VIII, column (A), line 12)		·
Total expenses (Form 990, Part IX, column (A), line 25)	 Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year. Subtract line 2 from line 1 	· · · · · · -	- I
3 Excess or (deficit) for the year. Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net). Add lines 4–8 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 Total revenue, gains, and other support per audited financial statements 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 Total evenue and losses per audited financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part II, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2 Denated services and use of facilities 2 Denated services and use of facilities 3 Denated services and use of facilities 4 Add lines 2a through 2d 5 Add lines 2a through 2d 6 Add lines 2a through 2d 7 Add lines 2a through 2d 8 Add	3 Excess or (deficit) for the year. Subtract line 2 from line 1		
4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net). Add lines 4–8 1 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Add lines 2a through 2d 5 Total expenses not included on Form 990, Part VIII, line 7b 5 Other (Describe in Part XIV) 6 Add lines 3 and 4b 6 Total revenue, gains, and other support per audited financial statements 7 Total expenses in part XIV) 8 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) c Add lines 2a through 2d c Add lines 2a through 2d c Add lines 2a through 2d c Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 Total expenses and losses per audited financial statements C Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25: a Donated services in Part XIV) e Add lines 2a through 2d c Subtract line 2e from line 1			
5 Donated services and use of facilities	4 Net unrealized gains (losses) on investments		
6 Investment expenses 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV) 8 8 Descess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 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: 3 Net unrealized gains on investments 2 4 Combined services and use of facilities 2 5 Recoveries of prior year grants 2 6 Other (Describe in Part XIV) 2 7 Add lines 2a through 2d 3 8 Subtract line 2e from line 1 3 8 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 Investment expenses not included on Form 990, Part VIII, line 7b 4b 4b 4c 8 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 8 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 2 8 Amounts included on line 1 but not on Form 990, Part IX, line 25: 9 Donated services and use of facilities 2b 2c 2c 3 9 Constant line 2e from 990, Part IX, line 25 2c 3 9 Constant line 2e from 990, Part IX, line 25 2c 3 9 Colored Describe in Part XIV) 4 9 Colored Describe in Part XIV 40 9 Colored Describe		· · · · · ·	
Prior period adjustments (net). Add lines 4–8. Other (Describe in Part XIV) Total adjustments (net). Add lines 4–8. Excess or (deficit) for the year per financial statements. Combine lines 3 and 9. Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements. Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities. C Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments c Losses reported on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25: d Other (Describe in Part XIV) Add lines 2a through 2d 3 Subtract line 2e from line 1			-
8 Other (Describe in Part XIV) 9 Total adjustments (net). Add lines 4–8 0 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25: d Other (Describe in Part XIV) Add lines 2a through 2d 2e 3 Subtract line 2e from line 1		-	
Total adjustments (net). Add lines 4-8. December 11 Factors of (deficit) for the year per financial statements. Combine lines 3 and 9. Total revenue, gains, and other support per audited financial statements With Revenue per Return Total revenue, gains, and other support per audited financial statements. Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments. b Donated services and use of facilities. c Recovenes of prior year grants. d Other (Describe in Part XIV). e Add lines 2a through 2d. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12; but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIV). c Add lines 4a and 4b. Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements. Losses reported on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Losses reported on Form 990, Part IX, line 25: d Other (Describe in Part XIV) e Add lines 2a through 2d. 3 Subtract line 2e from line 1			
Decress or (deficit) for the year per financial statements. Combine lines 3 and 9		⊢	<u> </u>
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	D Excess or (deficit) for the year per financial statements. Combine lines 3 a		
1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3	Part XII Reconciliation of Revenue per Audited Financial Staten	nents With Revenue	per Return
Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3 Subtract line 2e from line 1			
a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 3	- · · · · · · · · · · · · · · · · · · ·		
b Donated services and use of facilities		a	
c Recoveries of prior year grants d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 2 Subtract line 2e from line 1		b	
d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1		c	
e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d Subtract line 2e from line 1 3		d	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 2 Amounts included on Form 990, Part IX, line 25 2 2 2 2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3	·		2e
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1	3 Subtract line 2e from line 1		3
b Other (Describe in Part XIV) c Add lines 4a and 4b	4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
c Add lines 4a and 4b 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1	a investment expenses not included on Form 330, Fait viii, line 70 .		
Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Losses reported on Form 990, Part IX, line 25 d Other (Describe in Part XIV) e Add lines 2a through 2d Subtract line 2e from line 1	b Other (Describe III fait XIV)	b	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements			
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities			
o odoudo mio zo nom mio i	2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	b c d	
4 Amounts included on Form 990. Part IX, line 25, but not on line 1:	•		3
	· · · · · · · · · · · · · · · · · · ·	ء ا	
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a b Other (Describe in Part XIV)	•		
c Add lines 4a and 4b	b other (bedeinbe in rate XIV)		4c
5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		line 18.)	
Part XIV Supplemental Information		· · · · · · · · · · · · · · · · · · ·	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.			I 4; Part IV, lines 1b

Schedule D (For	m 990) 2008	Page 5
Part XIV	Supplemental Information (continued)	
	•	
• • • • • • • • • • • • • • • • • • • •		
· · · · · · · · · · · · · · · · · · ·		
• • • • • • • • • • • • • • • • • • • •		

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

7107699

Employer Identification number

23

Department of the Treasury Internal Revenue Service Name of the organization ▶ 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.

Open to Public Inspection

LEE LODGE #209 AF & AM PART VI, SECTION A, LINE 10 - ORGANIZATION MAINTAINS A COPY OF THE 990 IN THE OFFICE TO BE VIEWED AT ANYTIME AS REQUESTED. PART VI, SECTION B, LINE 12C - ORGANIZATION MAINTAINS POLICY AND UPDATES ON AN AS NEEDED BASIS AND REVIEWS WITH MEMBERS AND OTHERS AS DEEMED NECESSARY BY THE PRESIDING BOARD. PART VI, SECTION B, LINE 15B - RULED BY WRITTEN BYLAWS OF LEE LODGE PART VI, SECTION C, LINE 17C - ALL DOCUMENTS ARE AVAILABLE FOR REVIEW AT ANYTIME AS REQUESTED.

Schedule O (Form 990) 2008	Page 2
Name of the organization	Employer identification number
	<u> </u>