

### 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**

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

OMB No 1545-0047

2009

Department of the Treasury

Open to Public Inspection

men	igi nevelli	ue Service		The Organization	on may have to us		or triis return to s	satisty state repor		<del>`</del>			
	For the	2009 calendar	year,	or tax year begi	nning 8/0	1	, 20	009, and endi	ng 7/	<u>′31</u>	, 2010		
В	Check if a	pplicable		С						D Employer Id	entification Numb	oer .	
	Addre	ess change   IR:	ise use S label	DAYTON MA		NDAT	ION			31-138	35609		
	Name	e change or	type	525 RIVER						E Telephone n	umber		
	Initia	ıl return 📗 🕏	See ecific	DAYTON, O	H 45405-4	702							
	Term		struc- ions										
	Ame	nded return								G Gross receip	ts \$ 8	49,6	38.
	Appli	ication pending F	Name i	and address of princip	al officer ROI	BERT	NEFF	<u> </u>	H(a) Is this	a group return for		_	X No
	<u> </u>		ME A	AS C ABOVE						Il affiliates included	I	Yes	No
	Tax-e	exempt status			(insert no )		4947(a)(1) or	527	If 'No	,' attach a list (see	instructions)		
J		site: ► N/A	-1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	()				H(c) Groun	exemption numbe	<sub>r</sub> ►		
ĸ			Corpor	ation Trust	Association	Other	<b>&gt;</b>	L Year of Forma			of legal domicile	OH	
Pa		Summary	CO. poi	ation   Trust	Association	Outer		- rear or ronne	11011 233	· · · · · · · · · · · · · · · · · · ·	or legal dollnene		
<u> </u>			he or	ganızatıon's mıs	sion or most s	ionifica	ant activities	HISTORIC	TR. TA	TE PRESER	VATTON		
				NTRIBUTIONS									
Governance		STYTE STATE		111100110	7.	- <u>5</u> 4	1701701171	rm=66 1#		**********	** ******		
Ē.	_												
Š	2 C	heck this box	$-\Box$	if the organizati	on discontinue	ed its o	perations or o	disposed of m	ore than	25% of its ass	 ets		
9				nbers of the gov				·		_ 3	1		<u>17</u>
စ္စ				nt voting membe		rning b	ody (Part VI,	line 1b)		4			17
Activities &				oyees (Part V, III						5			0
Ę				teers (estimate i	_		(0)			6			0
1		- ,		business revenu				12			'a 'b		0.
	D IV	iet unrelated bu	sines	s taxable income	e from Form 9	90-1, 1	ne 34		-				
	• •				•15					Prior Year		nt Yea	
힂				nts (Part VIII, Im						359,513	<u>-</u> -	134,4	<u>115.</u>
Revenue		-		nue (Part VIII, Iir		7	-1/			-57,245		36,5	20
ê			-	art VIII, column 'III, column (A), I			•			-57,245	<del></del>	_30,3	028.
				ines 8 through 1				\ line 12\		302,268	-	170,9	3/13
				ines o trirough i iounts paid (Part				i), iiile 12)		302,200		232,6	
											<del></del>	232,0	<u> </u>
		· ·		members (Part				F 10)	<u> </u>	100			100
စ			-	nsation, employ				ines 5-10)	-		<del>- </del>		<u> 100.</u>
Expenses				ng fees (Part IX,	•								
Š	bΤ	otal fundraising	expe	enses (Part IX, c	olumn (D), line	e 25) 🕨	-	<u>55, 086</u> 1	_				
~	<b>17</b> O	ther expenses	(Part	IX, column (A),	lines 11a-11d	11f-24	的「OTT	"=U \		105,517		86,9	<u>921.</u>
	18 T	otal expenses	Add I	ines 13-17 (mus	t equal Part IX	, colur	nn (A), line 2	5)	· L	105,617		319,6	<u>673.</u>
·	<b>19</b> R	Revenue less ex	pense	es_Subtract line	18 from line 1	222		2040 101		196,651	:	148,7	730.
<b>.</b> 88						1000	DEC 23	12 P	Bea	inning of Year	End	of Year	r
	<b>20</b> T	otal assets (Pa	rt X, I	ine 16)		Ш			1 -	801,889	) <u> </u>	667,2	236.
Net Assets or Fund Balancos	<b>21</b> T	otal liabilities (F	art X	(, line 26)		\ 7	OGD-N	1 UT		1,255			892.
캶	22 N	let assets or fur	nd bal	lances Subtract	line 21 from li	rle-20	OUDLI	·1	•	800,634		664,3	344.
Pa	rt II	Signature		_									
		<del></del>		<u> </u>	examined this retu	rn. ınclur	ling accompanying	schedules and st	atements, a	nd to the best of my	knowledge and	belief, it i	
		true, correct, and c	omplete	, I declare that I have e Declaration of prepare	arer (other than off	icer) is b	ased on all informa	ation of which prep	oarer has an	y knowledge	1		-
Sig	ın	► Joen	no	am(L)	lliam	Oor	7			12/2	0/10		
He		Signature of of	ficer						1	Date	-, , -		
		<b>►</b> (/) <sub>0</sub>	m o	am(1)	II.am	ے م م <i>ا</i>	Exa	CUTWA	60	ereTary	_		
		Type or print n	ame an	nd title	• 11.02 //	<i>-</i> 2	<u></u>				7		
				_				Date		Check if	Preparer's iden	tifying nu	ımber
Pai	id	D		1///./				MAY 29	200	self- employed	1 (300 11130 00000	3)	
Pre	_	Preparer's signature		proj				,,,,,	-		N/A		
	rer's	Firm's name (or	LLC	YD DARNER	GUENTHER	& E1	LLIS PLL			- <del></del>			
Us		yours if self employed).		55 KETTERIN		311				EIN ► N/A	1		
On	iy_	address and ZIP + 4			439-1921			<del></del>				-3000	<u> </u>
Mar	ا مواز/	<b>\</b>		with the prepare		e7 (co	e instructions	<u> </u>		o.io iio (.	X Yes		No
<del></del>		<del></del>		erwork Reduction		<del></del>				TEFA0113U 1	. 171 173		(2009)

Form 990.(2009) DAYTON MASONIC FOUNDATION

Part IV Checklist of Required Schedules

			res	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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4_		x
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		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		_x_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 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	ļ	X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X_
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		Х
•	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	<ul> <li>Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII</li> </ul>			
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX			
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	<ul> <li>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X</li> </ul>		<u> </u>	<u> </u>
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		_ x_
12	A Was the organization included in consolidated, independent audited financial statement for the tax  Yes No	-		
	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	12		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 14a		X
	<ul> <li>a Did the organization maintain an office, employees, or agents outside of the United States?</li> <li>b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I</li> </ul>	14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
	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		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		_ X_
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities 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	<u> L</u>	<u> </u>

Yes No

Form 990 (2009) DAYTON MASONIC FOUNDATION

Part IV Checklist of Required Schedules (continued)

3A.A				(2009)
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Х	
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		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_		<u>x</u>
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		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		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_
	Schedule N, Part II	32		X
	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete	31		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u>x</u>
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		<u>X</u>
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
c	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		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
2 <b>4</b> a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		_X_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	х	,
21	Oid the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	

Form 990 (2009) DAYTON MASONIC FOUNDATION 31-138560	9	F	age <b>S</b>
Part 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			
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable.	1		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		х
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			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b	<del></del>	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	-	Х
<b>b</b> If 'Yes,' enter the name of the foreign country			1
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	Х
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	<del>                                       </del>	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			<del> </del> -
Tax Shelter Transaction?	5c	<del>-</del>	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	+	"
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	70		Х
d if 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		x
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g	1	
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h	1	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a	ĺ	
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	91	+	İ
10 Section 501(c)(7) organizations. Enter.			
a Initiation fees and capital contributions included on Part VIII, line 12			
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11 Section 501(c)(12) organizations. Enter.	7		
a Gross income from other members or shareholders.			
b Gross income from other sources (Do not net amounts due or paid to other sources against	1		
amounts due or received from them )	+		1
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b	12a	1	<u> </u>
will lest effect the amount of tax-exempt interest received of accided during the year   I Lauf			

Form 990 (2009)

Section A. Governing Body and Management

Yes No

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1 a	Enter the number of voting members of the governing body	1 a	17			
b	Enter the number of voting members that are independent	1 b	17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel officer, director, trustee or key employee?	lationship w	ith any other	2		Х
3	Did the organization delegate control over management duties customarily performed by or up of officers, directors or trustees, or key employees to a management company or other personal company or ot	nder the dir	ect supervision	3		Х
4	Did the organization make any significant changes to its organizational documents			4		X
	since the prior Form 990 was filed?					
5	Did the organization become aware during the year of a material diversion of the organization	n's assets?		5		Χ
6	Does the organization have members or stockholders?			6		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or n governing body?	nore memb	ers of the	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or otl	her persons	s? .	7 b		X
8	Did the organization contemporaneously document the meetings held or written actions under the following.	rtaken durır	ng the year by			
a	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who car organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be read	ched at the	9		Х
Sec	tion B. Policies (This Section B requests information about policies not	t required	by the Interna	1		
	nue Code.)	•	•			
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
Ь	If 'Yes,' does the organization have written policies and procedures governing the activities of and branches to ensure their operations are consistent with those of the organization?	f such chap	ters, affiliates,	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body b	efore filing	the form?	11	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990		SCHEDULE O	-		
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13			12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?	that could o	give rise	12b	Х	
c	Does the organization regularly and consistently monitor and enforce compliance with the pol Schedule O how this is done SEE SCHEDULE O	licy? <i>If 'Yes</i>	,' describe in	12c	Х	
	Does the organization have a written whistleblower policy?			13	Х	
14	Does the organization have a written document retention and destruction policy?			14	Χ	
15	Did the process for determining compensation of the following persons include a review and a persons, comparability data, and contemporaneous substantiation of the deliberation and decident and decide	approval by cision?	ındependent			
a	The organization's CEO, Executive Director, or top management official			15a		X
t	Other officers of key employees of the organization			15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar entity during the year?	arrangemer	nt with a taxable	16a		X
t	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization in joint venture arrangements under applicable federal tax law, and taken steps to safeguard status with respect to such arrangements?	to evaluate the organiz	e its participation cation's exempt	16b		
Sec	tion C. Disclosures		<del></del>			
	List the states with which a copy of this Form 990 is required to be filed ► NONE					
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an inspection. Indicate how you make these available. Check all that apply	nd 990-T (50	)1(c)(3)s only) ava	lable	for pu	blic
	Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents available to the public SEE SCHEDULE O	nents, confi	ict of interest polic	y, and	l fınan	cıal
	State the name, physical address, and telephone number of the person who possesses the background JAMES WILLIAMSON 525 RIVERVIEW AVE., DAYTON, OH 45405-4		ecords of the orga	nızatıc	on.	
			<b>_</b> -		_	

# 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. Report compensation for the calendar year ending with or within the organizations's tax year. 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- 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

X Check this box if the organization did not compensate any current officer, director, or trustee

(A)	(B)	(c) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Rey 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
NEIL M SMALLEYCHAIRMAN	4			Х				0.	0.	0.
ROBERT NEFF PRESIDENT	4			X				0.	0.	0.
JAMES WILLIAMSON SECRETARY	4			Х				0.	0.	0.
RONALD L CONNELLY VICE PRESIDENT	4_			х				0.	0.	0.
WILLIAM P MAYBERRY TREASURER	4			х				0.	0.	0.
	<u> </u>									<del></del>
	-	-			_					
							_			
	<del> </del>									
							_			
	_	_		_	_		_		_	
			-							
	_		_							
	<del> </del>	ļ	-		_					
	<del> </del>		_		<u> </u>					
	<del> </del>									

(A)	(B)			(0	:)		1	(D)	(E)		(	F)	
Name and Title	Average hours per week			_				Reportable compensation from	Reportable compensation from		amount	mated of othe	r
	per week	dividual trustee director	Institutional trustee	Officer	y employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)		fror organ and	n the lization related izations	
			_									_	
										-			_
				_						-			
		-			•								
		-	-										
	-		<u> </u> _										_
		<u> </u>		-									
		<u>.</u>				-				-			
1b Total	<u> </u>	<u>l</u>				<u> </u>	<u> </u>	0.	(	<u> </u>			(
2 Total number of individuals (including but not limited	d to thos	e lis	ted	abo	ve)	who	rec		<del></del>		compe	ensatio	_
from the organization   0												Yes	N
Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it.	or truste	ee, k	кеу	emp	loye	e, o	r hiç	ghest compensate	d employee		3	163	
4 For any individual listed on line la, is the sum of re the organization and related organizations greater t	portable	con	npei 0?	nsat If 'Yo	ion : es' d	and comp	othe	er compensation for s	rom uch	}- E	4		
<ul> <li>Individual</li> <li>Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Science</li> </ul>	ompens	ation	n fro	m a	iny i	ınre	lated	d organization for	services		5		
Section B. Independent Contractors	-												
Complete this table for your five highest compensation from the organization	ted indep	pend	lent	con	trac	tors	that	received more th	an \$100,000 of				
(A) Name and business addre	ss							Description	of Services	C	(C omper	) isatior	1_
						-							_
										······································			_
													_
						-			-				_
2 Total number of independent contractors (including	but not	lımıl	ed	to th	ose	liste	ed al	bove) who receive	ed more than		•••••		

[J] <b>. 6</b> 1	+ ,	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) 1 All other contributions, gifts, grants, and similar amounts not included above 1 1 134,415.				
AND	g Noncash contributs included in lins 1a-1f \$	134,415.			
ICE REVENUE	Business Code  2a  b				
SERV	d				
PROGRAM	f All other program service revenue g Total. Add lines 2a-2f				
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li> </ul>	14,086.			14,086.
	(i) Real (ii) Personal  6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory  b Less cost or other basis and sales expenses  (i) Securities (ii) Other 701,137.				
	c Gain or (loss) 22,442. d Net gain or (loss)	22,442.			22,442.
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less. direct expenses c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less. direct expenses c Net income or (loss) from gaming activities			_	
	10a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold b				
	c Net income or (loss) from sales of inventory  Miscellaneous Revenue  Business Code	***************************************			
	11 a b C				
	d All other revenue e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	170,943.	0.	0	. 36,528.

Part IX. Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines	(A)	(B) Program service	(C) Management and	(D) Fundraising
6b,	7b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	221,652.	221,652.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	11,000.	11,000.		<del>n'h na lla ali. al'emberat</del>
3	Grants and other assistance to governments, organizations, and individuals outside the 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	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
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	100.		100.	<del></del>
11	Fees for services (non-employees)				
	a Management				
	Legal				<u>.                                      </u>
	Accounting				
	Lobbying		<u> </u>		<del></del>
	e Prof fundraising svcs. See Part IV, In 17	•	<u> </u>		. <u>-</u>
	Investment management fees				
	Other		<u> </u>		
	Advertising and promotion	2 425	·	2 425	
13	Office expenses	2,425.		2,425.	
14	Information technology				
15	Royalties	532.		532.	
16	Occupancy	532.		332.	
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			_	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24				`	
	CONTRACT LABOR	45,307.		3,307.	42,000.
	b PROFESSIONAL FEES	13,265.		7,990.	5,275.
	c POSTAGE AND SHIPPING	8,711.		900.	7,811.
	d PATRIOTIC ACTIVITIES	8,193.	8,193.		
	e BANK FEES	5,432.		5,432.	
1	f All other expenses	3,056.		3,056.	
_25	Total functional expenses. Add lines 1 through 24f	319,673.	240,845.	23,742.	55,086.
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.				
BAA					Form <b>990</b> (2009)

L		- Bulance Sheet	(A) Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing	1,535.	1	77.
	2	Savings and temporary cash investments	276,595.	2	29,790.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	
S	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
S	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or other basis. 10a			
		Complete Part VI of Schedule D			
	b	Less accumulated depreciation.		10 c	
	11	Investments — publicly-traded securities	523,759.	11	637,369.
	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		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	801,889.	16	667,236.
	17	Accounts payable and accrued expenses	1,255.	17	2,892.
	18	Grants payable		18	
	19	Deferred revenue.		19	
Ļ	20	Tax-exempt bond liabilities		20	
Å	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Ļ	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
Ι		of Schedule L		22	
E S	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,255.	26	2,892.
N E T		Organizations that follow SFAS 117, check here ► X and complete lines		]	
Ť	l	27 through 29 and lines 33 and 34.		1 1	
ASSE	27	Unrestricted net assets	800,634.	27	664,344.
	28	Temporarily restricted net assets		28	
Ś	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here ▶ □ and complete		}	
E U N		lines 30 through 34.		1 1	
В	30	Capital stock or trust principal, or current funds		30	
B A	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
L.	32	Retained earnings, endowment, accumulated income, or other funds		32	
ANCES	33	Total net assets or fund balances.	800,634.	33	664,344.
_5	34	Total liabilities and net assets/fund balances	801,889.	34	667, 236.

BAA

Form **990** (2009)

Part XI   Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990.   Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2b	Х	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		Х
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d if 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.			
X Separate basis Consolidated basis Both consolidated and separate basis			1
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

BAA

Form 990 (2009)

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No 1545 0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number

DAY	TON MASONIC FOU	NDATION						31-13	85609	•	
Parl	I Reason for Pul	blic Charity Statu	s (All organizations	must	comple	ete this	s part.	) See	instruc	tions	
The o	rganization is not a privi	ate foundation becaus	e it is (For lines 1 throug	gh 11, cl	neck onl	y one bo	ox)				
1	A church, convention	on of churches or asso	ciation of churches desci	rıbed in	section	1 <b>70(b)(</b> 1	)(A)(i).				
2	A school described	in section 170(b)(1)(A	)(ii). (Attach Schedule E	)							
3	A hospital or coope	rative hospital service	organization described ii	n sectio	n 1 <b>70(</b> b)	(1)(A)(iii	).				
4	A medical research	organization operated	d in conjunction with a ho	spital de	escribed	ın secti	on 1 <b>70</b> (	b)(1)(A)(	iii) Ente	r the hospita	ıl's
	name, city, and stat	te <b></b>	<del></del>								. – – – -
5	170(b)(1)(A)(iv). (C	omplete Part II.)	of a college or university					mental u	ınıt desc	ribed in <b>sect</b> i	ion
6 7	An organization tha	local government or g t normally receives a : (A)(vi). (Complete Pa	overnmental unit describ substantial part of its sup rt II )	ed in <b>se</b> port froi	ction 17 m a gov	ernment	A)(v). al unit d	or from t	he genei	ral public des	scribed
8	X A community trust of	described in section 1	<b>70(b)(1)(A)(vi).</b> (Complete	Part II.	)						
9	from activities relate investment income	ed to its exempt functi	i) more than 33-1/3 % of ons — subject to certain as taxable income (less s implete Part III)	exceptio	ns. and	(2) no r	nore tha	an 33-1/3	s % of its	s support froi	m gross
10		•	exclusively to test for put		-						
11	more publicly suppo	orted organizations de	exclusively for the benefir escribed in section 509(a) ation and complete lines	)(1) or s	ection 5	09(a)(2).	tions of, See <b>se</b>	or carry ection 50	out the 19(a)(3).	purposes of Check the b	one or ox that
	<b>a</b> Type I	<b>b</b> Type II		I — Fund	,	_			d 📙	Type III- O	
е	By checking this bo than foundation ma 509(a)(2).	x, I certify that the org nagers and other than	ganization is not controlle n one or more publicly su	ed direct pported	y or ind organiz	irectly by ations de	y one or escribed	r more d d in sect	isqualifie ion 509(a	ed persons on a)(1) or section	other on
f		received a written dete	ermination from the IRS t	hat is a	Type I,	Type II o	or Type	ill supp	orting or	ganızatıon,	
g	Since August 17, 20	006, has the organizat	tion accepted any gift or	contribu	ition froi	m any of	the foll	lowing p	ersons?	_	
								4.			Yes No
	(i) a person who	directly or indirectly overning body of the si	controls, either alone or to apported organization?	ogether	with per	sons de	scribed	ın (ıı) ar	id (III)	11 g (i)	
	· · · · · · · · · · · · · · · · · · ·	ber of a person descri								11 g (ii)	1
			described in (i) or (ii) abi	ove?						11 g (iii)	
h		•	ne supported organization								
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) organizat (i) listed gove	ls the ion in col I in your irning ment?	(v) Did y the organ col your su	ization in	organizati	zed in the l	(vii) Amount o	of Support
				Yes	No	Yes	No	Yes	No		
									Ī		
				<b>↓</b>				ļ			
				<del> </del>		-					
		-		ļ	-		<u></u>	<u> </u>			
Tatal											

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	t II Support Schedule for				(b)(1)(A)(iv) ar	nd 170(b)(1)(A			
	(Complete only if you checke	_					,,		
Sec	tion A. Public Support								
begii	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	175,817.	466,077.	98,878.	359,513.	134,415.	1,234,700.		
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.		
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.		
4	Total. Add lines 1-through 3	175,817.	466,077.	98,878.	359,513.	134,415.	1,234,700.		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.		
6	Public support. Subtract line 5								
	from line 4						1,234,700.		
	tion B. Total Support	T T			I		<u> </u>		
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4	175,817.	466,077.	98,878.	359,513.	134,415.	1,234,700.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	13,365.	13,522.	17,357.	13,392.	14,086.	71,722.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)				į		0.		
11	Total support. Add lines 7 through 10						1,306,422.		
12	Gross receipts from related activ	ities, etc. (see inst	tructions)	<u>.</u>	······································	12	0.		
	13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.								
	tion C. Computation of Pu						04 5 %		
14 15	Public support percentage for 20 Public support percentage from 2	· · · · · · · · · · · · · · · · · · ·	•	11, column (f)		14	94.5%		
	16a 33-1/3 support test — 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box								
	and stop here. The organization	•	, ,, ,		and line 15 is 22	1/20/ or more, ch	► X		
	33-1/3 support test — 2008. If the and stop here. The organization				and line 15 is 33-	173% or more, cn	eck this box		
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-ai	nd-circumstances'	test, check this b	ox and stop here	. Explain in Part	V how		
ı	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-ai	nd-circumstances'	test, check this b	ox and stop here	. Explain in Part			
18	Private foundation. If the organiz	zation did not chec	k a box on line, 13	3, 16a, 16b, 17a,	or 17b, check this	s box and see ins	tructions -		

#### Schedule A (Form 990 or 990-EZ) 2009 DAYTON MASONIC FOUNDATION 31-1385609 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (a) 2005 (d) 2008 **(b)** 2006 (c) 2007 Calendar year (or fiscal yr beginning in) ► (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support (d) 2008 (e) 2009 (f) Total **(b)** 2006 (c) 2007 Calendar year (or fiscal yr beginning in) (a) 2005 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 15 % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 16 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 % Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 % Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33-1/3 support tests — 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18

is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	A (Form 990 or 990-EZ) 20	009 DAYTO	N MASONIC	FOUNDATION		31-1385609	Page 4
Part IV	Supplemental Info	rmation. Coi 17b; and Pa	mplete this rt III, line 12	part to provide 2. Provide any	e the explanations req other additional infor	uired by Part II, line mation. See instruct	e 10; tions.
							<del></del>
				<b>-</b>			
	<b></b>			<b></b>		· <b></b>	
	<b></b>			<b></b>			
				<b></b>			
	<b></b>					- <b></b>	
	<b>_</b>			. <b></b>			
		<b>-</b>				- <b></b>	- <b>-</b>
				<del></del>			
				<b>. –</b> – – – –		- <b></b>	
				· <b>-</b>		- <b>-</b>	<del>-</del>
		<del>_</del>					
				<del></del>			
		<del>_</del>		<b></b>		<b></b>	. <b></b> .
				<b></b>			
		<del>_</del>		<del></del>	<del></del>	<b>-</b>	
					. <del> </del>		. <b></b>
				- <b></b>	. <b></b>		
		· – – – – –		<b></b>			
						<b></b>	
				<b></b>			
						<b> </b>	- <del>-</del>

# SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

## **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Open to Public Inspection

Employer Identification number

DAY	TON MASONIC FOUNDATION			31-1385609
Par	tl Organizations Maintaining Dono	or Advised Funds or Other Sir	nilar Funds or Ac	
	the organization answered 'Yes'	to Form 990, Part IV, line 6.  (a) Donor advised funds	(6) (	Funds and other accounts
1	Total number at and of year	(a) Donor advised funds	(0)	unds and other accounts
1	Total number at end of year  Aggregate contributions to (during year)			
2	,			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor funds are the organization's property, subject	or advisors in writing that the assets h to the organization's exclusive legal co	neld in donor advised ontrol?	Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor advis	grant funds may be for or for any other	∏Yes ∏ No
Da-	t II Conservation Easements Compl		ad 'Vas' to Form 9	
	······································			990, Fart IV, line 7.
ı	Purpose(s) of conservation easements held by			ally important land area
	Preservation of land for public use (e g , r	· · · · · · · · · · · · · · · · · · ·		ally important land area
	Protection of natural habitat	Pres	servation of certified hi	stone structure
_	Preservation of open space	and the first of the discount of the second of		and the second section
2	Complete lines 2a through 2d if the organization last day of the tax year.	on neig a qualified conservation contri	button in the form of a	Held at the End of the Year
	Total a subsuref access that access the		30	Heid at the Elid of the Teal
	Total number of conservation easements		2a	
	Total acreage restricted by conservation ease		2b	
	Number of conservation easements on a certi		2c	
_	Number of conservation easements included i	• • •		
3		transferred, released, extinguished, o	r terminated by the org	ganization during the tax
	year ►			
4	Number of states where property subject to co	onservation easement is located -		
5	Does the organization have a written policy re and enforcement of the conservation easement	nt it holds?		ations, Yes No
6	Staff and volunteer hours devoted to monitoring the year		_	
7	during the year ►		\$ <sub>-</sub>	
8	Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			Yes No
9	In Part XIV, describe how the organization re include, if applicable, the text of the footnote conservation easements	ports conservation easements in its re to the organization's financial statemen	venue and expense stants that describes the	atement, and balance sheet, and organization's accounting for
Pai	Complete if the organization an	ections of Art, Historical Trea swered 'Yes' to Form 990, Par	sures, or Other S t IV, line 8.	imilar Assets
1 a	a If the organization elected, as permitted unde treasures, or other similar assets held for put the text of the footnote to its financial statement	lic exhibition, education, or research i	ie statement and balar n furtherance of public	nce sheet works of art, historical service, provide, in Part XIV,
l	b If the organization elected, as permitted unde treasures, or other similar assets held for put amounts relating to these items.	r SFAS 116, to report in its revenue st lic exhibition, education, or research i	tatement and balance of public	sheet works of art, historical service, provide the following
	(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 a amounts required to be reported under SFAS	ert, historical treasures, or other simila 116 relating to these items.	ir assets for financial g	ain, provide the following
i	a Revenues included in Form 990, Part VIII, line	e 1 .		►\$
1	<b>b</b> Assets included in Form 990, Part X			<b>►</b> \$

(i) unrelated organizations

	Yes	No
3a(i)		
3a(ii	)	
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.								
Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value				
1 a Land								
<b>b</b> Buildings								
c Leasehold improvements								
<b>d</b> Equipment								
e Other								
Total. Add lines 1a through 1e (Column (d) me	ust equal Form 990, Part X, co	lumn (B), line 10(c).)	<b>•</b>	0.				

BAA

(ii) related organizations

Schedule **D** (Form 990) 2009

Part VII	Investments-Other Securities See	Form 990, Part X, lir	ne 12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	tion ket value
Financial d				<u> </u>
Closely-he	ld equity interests			
Other				
				<u>-</u>
			<u> </u>	
	<b>_</b>			
Total. (Colu	mn (b) must equal Form 990 Part X, col (B) line 12)	S Form 000 Port V	lino 12) N/A	
Part VIII	Investments—Program Related (Se			
	(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	ket value
Total (Colur		<b>&gt;</b>		
Part IX	Other Assets (See Form 990, Part			I
-	(a)	Description		(b) Book value
-		-		
		·· · · · · · · · · · · · · · · · · · ·		
-		<del></del>		
Total. (Co	olumn (b) must equal Form 990, Part X, col (B)	. line 15)	<u> </u>	
Part X	Other Liabilities (See Form 990, P.			
<u> </u>	(a) Description of Liability	(b) Amount		
Federal In	come Taxes			
	mn (b) must equal Form 990, Part X, col (B) line 25)		<u> </u>	
2. FIN 48	Footnote. In Part XIV, provide the text of the fo	ootnote to the organization'	s financial statements that reports the	organization's liability

Schedule D (Form 990) 2009 DAYTON MASONIC FOUNDATION

31-1385609

Page 3

Schedule D (Form 990) 2009 DAYTON MASONIC FOUNDATION	31-1385609 Page <b>4</b>
Rart XI Reconciliation of Change in Net Assets from Form 990 to Financial Stat	
1 Total revenue (Form 990, Part VIII,column (A), line 12)	170,943.
2 , Total expenses (Form 990, Part IX, column (A), line 25)	319,673.
3 Excess or (deficit) for the year Subtract line 2 from line 1	
4 Net unrealized gains (losses) on investments	12,440.
5 Donated services and use of facilities	12/110.
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV).	
9 Total adjustments (net). Add lines 4 through 8	12,440.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-136,290.
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	
1 Total revenue, gains, and other support per audited financial statements	1 183,383.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 203,303.
	12,440.
b Donated services and use of facilities 2b	127,110.
c Recoveries of prior year grants	
d Other (Describe in Part XIV).	
e Add lines 2a through 2d	2e 12,440.
3 Subtract line 2e from line 1	3 170,943.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.	3 170,745.
	-
a Investments expenses not included on Form 990, Part VIII, line 7b  4a  b Other (Describe in Part XIV).	<del></del>  ,
(	40
c Add lines 4a and 4b	5 170,943.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  Part XIII Reconciliation of Expenses per Audited Financial Statements With Expense	
	1 319,673.
1 Total expenses and losses per audited financial statements	319,073.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	<del></del>
b Prior year adjustments	
c Other losses 2c	<del></del>
d Other (Describe in Part XIV)	<del> </del> , j
e Add lines 2a through 2d	2e 310 673
3 Subtract line 2e from line 1	3 319,673.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investments expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIV).	
c Add lines 4a and 4b	5 319,673.
5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5 319,673.
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 line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also compliniformation.	4, Part IV, lines 1b and 2b, Part V, ete this part to provide any additional
BAA TEEA3304L 02/02/10	Schedule <b>D</b> (Form 990) 2009

Schedule D (Form 990) 2009 DAYTON MASONIC FOUNDATION	31-1385609	Page 5
Part XIV   Supplemental Information (continued)		
		<del>-</del>
	<del>-</del>	
	- <b>-</b>	
	- <b></b>	
	<del></del>	
	<del>-</del>	
·		
	<b></b>	
	<b></b>	
	<del> </del>	
	<del></del>	
		<b></b> _
		- <b></b>

# SCHEDULE I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

OMB No 1545 0047

2009

Open to Public Inspection

HISTORICAL SITE **%** ⊠ (h) Purpose of grant or assistance **A** PRESERVATION Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Employer identification number Yes 31-1385609 (g) Description of non cash assistance IMPROVEMENTS BUILDING 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? the selection criteria used to award the grants or assistance? (f) Method of valuation (book, FMV, appraisal, other) COST 167,470. ö (e) Amount of non cash assistance 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ö 54,182 (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 2 Enter total number of section 501(c)(3) and government organizations Part | General Information on Grants and Assistance (P) EIN Enter total number of other organizations DAYTON MASONIC FOUNDATION 11111 DAYTON MASONIC LEARNING CENTER 1 (a) Name and address of organization MASONIC TEMPLE ASSOCIATION 525 RIVERVIEW AVE 525 RIVERVIEW AVE DAYTON, OH 45405 DAYTON, OH 45405 Department of the Treasury Internal Revenue Service 1 Name of the organization ١ I ١ 1

Page 2 Schedule I (Form 990) 2009 DAYTON MASONIC FOUNDATION

Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 31-1385609

(f) Description of non cash assistance					her additional information.						 	 	 	
(e) Method of valuation (book, FMV, appraisal, other)					art I, line 2, and any ot			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				! ! ! ! ! ! ! !	 	
(d) Amount of non cash assistance					ition required in Pa		             			                 	; ; ; ; ; ; ; ; ; ;	 	1 ! ! ! ! ! ! !	! ! ! ! ! !
(c) Amount of cash grant	11,000.				provide the informa		 				} ! ! ! ! ! ! !	 	 	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
(b) Number of recipients	9				plete this part to p		         		 	 	               	             	,   	
(a) Type of grant or assistance	SCHOLARSHIPS				163. 1									

BAA

Schedule I (Form 990) 2009

#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

31-1385609 DAYTON MASONIC FOUNDATION FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS COPY OF 990 WAS REVIEWED BY BOARD OF DIRECTORS ALONG WITH THE OUTSIDE AUDITOR BEFORE FILING OF FINAL 990 RETURN. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS FOUNDATION REQUIRES ANNUAL WRITTEN CONFLICT OF INTEREST STATEMENTS TO BE UPDATED AND SIGNED BY THE DIRECTORS. FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE UPON WRITTEN REQUEST TO EXECUTIVE SECRETARY'S OFFICE.

Schedule' 0 (Form 990) 2009	Page <b>2</b>
Name of the organization	Employer identification number
DAYTON MASONIC FOUNDATION	31-1385609
•	
	·
	<b></b>
	. <b></b>
	·
	<b></b>
	<b></b>
	<del></del>
	- <b></b>