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### C9021 05/03/2011 11 17 AM

SCANNED JUN 17 2011

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047 2009 Open to Public inspection

^	For the 200	0	ear, or tax year beginning $\frac{12}{01}/09$ , and ending $\frac{11}{30}/1$	0		<u> </u>
<u>^</u> _				<del>~</del>	D Employe	er identification number
<u>-</u>	Check if applical	IIISA IRS	C Name of organization		D Employe	er identification number
ᆜ	Address change	label or	SEQUIN LODGE # 140 AF & AM		22.7	144000
	Name change	print or	Doing Business As			144282
	Initial return	type	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephon	e number
=		See Specific	80 WALSH AVENUE			
	Termination	Instruc-	City or town, state or country, and ZIP + 4		G Gross receipts	\$ 418,533
	Amended return	tions.	NEWINGTON CT 06111			
	Application pend	no F Name	e and address of principal officer		H(a) Is this a g	roup return for
	Application pen	J9			affiliates?	
					H(b) Are all affi included?	iliates Yes No
					The state of the s	tach a list (see instructions)
1	Tax-exempt	status X	501(c) ( <b>10</b> ) <b>◄</b> (insert no ) 4947(a)(1) or 527			,
<del>.</del> J	Website: ▶		conto ( = c ) 4 (most no )		H(c) Group exe	emption number
<u> </u>	Type of organiz		poration Trust Association Other ▶ L	Year of formation		State of legal domicile
				Teal of lonnation	1 141	State of legal domicile
	Part I	Summa				<del></del>
		-	he organization's mission or most significant activities			
9	F	RATERNA.	L ORGANIZATION			
Jan						
ē						
Š	2 Chec	ck this box	<u> </u>	5% of its net ass	1 1	
8	3 Num	ber of voting	members of the governing body (Part VI, line 1a)			9
es	4 Num	ber of indep	endent voting members of the governing body (Part VI, line 1b)		4	9
×±	5 Tota	l number of	employees (Part V, line 2a)		5	
Activities & Governance	6 Tota	I number of	volunteers (estimate if necessary)		6	
•		l gross unre	ated business revenue from Part VIII, column (C), line 12		7a	
	1	_	siness taxable income from Form 990-T, line 34		7b	0
_		<del></del>		Prior Yea		Current Year
a	8 Cont	ributions an	d grants (Part VIII, line 1h)		1,504	6,170
Revenue	9 Prog	ram service	revenue (Part VIII, line 2g)		7,545	25,165
ě	10 Inves	stment incor	ne (Part VIII, column (A), lines 3, 4, and 7d)	3 (	6,896	<u>22,491</u>
œ	11 Othe	r revenue (F	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,625	5,150
	12 Tota	l revenue –	add lines 8 through 1] (must equal Part VIII, column (A), line 12)	61	8,570	58,976
	13 Gran	nts and simil	a arrounts ead (Part IX, column (A), lines 1–3)	i		
	14 Bene	efits paid to.	or for members (Par X, column (A), line 4)			
w	4E Colo	ries, other c	ompensation, employee benefits (Part IX, column (A), lines 5–10)			
penses	16a Profe		draising fees (Partill column (A), line 11e)			
		oo i I fundraisind	expenses (Part-IX, eo umn (D), line 25)			
X	17 Othe	r expenses	(Petal & column (A), lines 11a-11d, 11f-24f)	9:	3,141	112,704
	18 Tota	expenses	Add lines-13=17 (must equal Part IX, column (A), line 25)		3,141	112,704
			penses Subtract line 18 from line 12		4,571	-53,728
5		silue leas ex	penses oubtract line to from line 12	Beginning of Cur		End of Year
ets	20 Tota	l assets (Pa	rt X, line 16)		3,503	559,594
Ass	21 Tota		Part X, line 26)			
Net Assets or	22 Net	•	nd balances Subtract line 21 from line 20	60	3,503	559,594
_	Part II		re Block		<u> </u>	
<u> </u>	3414 11	<u> </u>		e and statements	and to the hest	of my knowledge
		and belief, if	ties of perjupt, I deplare that I have examined this return, including accompanying schedule is true, correct, and complete. Declaration of preparer (other than officer) is based on all in	formation of which	preparer has a	ny knowledge
٩i	gn	<b>k</b>	12/TTAMANA TT.		5	-10-11
	ere	Signati	are of officer		Date	
110		Signati	CLIFFORD F. STAMM TRUSTEE		Date	
		Type o	print name and title			
_		y Type of	<u></u>	T at at	<del></del>	Preparer's identifying number
Ps	aid	Preparer's	Date Date	Check self-		(see instructions)
	eparer's	signature		3/11 employ	yed ▶ 🔲	P00504252
	se Only	Firm's name	DAVIS, MASCOLA & PHILLIPS, LLC		EIN 🕨	41-2072419
J	oc Only	ıf self-emplo	yed), 1062 BARNES RD., STE 203		Phone	
_		address, an	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		no 🕨	<u> 203-265-0488</u>
			eturn with the preparer shown above? (see instructions)			Yes No
Fo	Privacy A	ct and Pape	rwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (2009)
DA	·^					5 P
						•

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

including grants of \$

) (Revenue \$

_Pa	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,"	- 1		
	complete Schedule A	1		X_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
-	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
•	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
Ū	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		X
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,"			_==_
0	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			
Ð				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
40	· · · · · · · · · · · · · · · · · · ·	-		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	10		х
	quasi-endowments? If "Yes," complete Schedule D, Part V	-10		- 42
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	11	х	
	VII, VIII, IX, or X as applicable			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	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			
•	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 related 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			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
4.0	the organization's liability for uncertain tax positions under FIN 487 If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		Х
	Schedule D, Parts XI, XII, and XIII	12		<u> </u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No If "Yes." completing Schedule D. Parts XI, XII, and XIII is optional  12A X			
40		42		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	445		x
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	4-		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	40		v
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	4-		v
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	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		X
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	ļ	X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

#### Form 990 (2009) 'SEQUIN LODGE # 140 AF & AM 23-7144282 Page 4 Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations X in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 Х 23 employees? If "Yes," complete Schedule J 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 lines X 24b through 24d and complete Schedule K. If "No," go to line 25 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a 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 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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? X 27 If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b c 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, X Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N. Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, X III, IV, and V, line 1 34 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Х Schedule R, Part V, line 2 35

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

organization? If "Yes," complete Schedule R, Part V, line 2

19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009)

X

36

37

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	rt V Statements Regarding Other IRS Filings and Tax Compliance					<del></del>
га	Statements Regarding Other INST Image and Tax Compliance				Yes	No
40	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			<u> </u>	103	1,40
Id	U.S. Information Returns. Enter -0- if not applicable	1a	0			
<b>L</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and rep		<del>`</del>			
С		ortable	5	1c		x
20	gaming (gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		10		<del>                                     </del>
24	Statements, filed for the calendar year ending with or within the year covered by this return	2a				
_	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	1	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	13,				
	instructions)					
3a		d by				
Ja	this return?	,		3a	1	x
b	Anna di Langua di Caranta di Cara			3b	_	
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	hv	10		
74	over, a financial account in a foreign country (such as a bank account, securities account, or other fin		.,			
	account)?	3,10141		4a		x
b	If "Yes," enter the name of the foreign country					
_	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega					
	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	е				
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	oods				
	and services provided to the payor?			7a		<u> </u>
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	<u> </u>	ļ
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S				1
	required to file Form 8282?			7c	ļ	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	II			
	benefit contract?	40		7e	<u> </u>	-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control.	act /		7f	├	<del>                                     </del>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7 <u>g</u>	<u> </u>	$\vdash$
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C required?			7h		
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	1	
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them )	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l 1	) 	12a	—	ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			1	1

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.

Enter the number of voting members of the governing body be Enter the number of voting members that are independent control of the property o	<u> </u>	tion A. Governing Body and Management				Tv	T No.
b. Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee? 3 Did the organization challenge or they employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization of officers, director or trustees, or key employees to a management company or other person? 3 X X Did the organization become waver during the year of a markeral devices on the organization has severe waver during the year of a markeral devices on the organization has severe waver during the year of a markeral devices on the organization has severe marker during the year of a markeral devices on the organization has severe marker during the year of the governing body? 7 72 X X Does the organization have members is otherwise, or other persons who may elect one or more members or of the governing body? 7 72 X X Does the organization have members, stockholders, or other persons? 7 72 X X Does the organization have members, stockholders, or other persons? 7 73 X X Does the organization have members, stockholders, or other persons? 7 74 X X Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8 Each committee with a buthority to act on behalf of the governing body? 8 Each committee with a buthority to act on behalf of the governing body? 9 It were any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's making address? If Yes', provide the names and addresses in Schedule O	1a	Enter the number of voting members of the governing body	1a	9		Yes	No
2 Dud any officer, director, fusuate, or keye employee have a family relationship or a business relationship with any other officer, director, fusuate, or hey employee?  3 Dud the organization delegate control over management duties sustomarily performed by or under the direct  4 Dud the organization delegate control over management duties sustomarily performed by or under the direct  5 Dud the organization make any significant changes to its organizational documents since the prior form \$90 was filed?  4 X  5 Dud the organization become aware during the year of a material diversion of the organization is session?  5 Dud the organization nave members are dischloiders?  6 Does the organization nave members are dischloiders?  7 Dud the commission of the government board of the organization is asset to the commission of the government board of the government of the govern							
any other officer, director, fusites, or key employee?  3 Did the organization delagate control over management duties customarily performed by or under the direct  3 supervision of officers, directors or fusites, or key employees to a management company or other presson?  3 J X  5 Did the organization have make any significant changes to its organizations of the organization of some aware during the year of a material diversion of the organizations's assets?  5 Did be organization have members of stockholders?  7 Did be some organization have members as to sholders, or other persons who may elect one or more members  7 of the governing body?  8 Did the organization organization have members as to should be some or more members  8 Did the organization contemporaneously document the meetings held or written actions undertaken during  1 The governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached  1 the organization or contemporaneously document the meetings held or written actions undertaken during  1 The governing body?  1 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached  2 at the organizations frainting anddenses if Yess, Proude the names and addresses an Schedule O  3 Describer to organization have local chapters, branches, or affinites?  4 Is a became an addresse organization have written policies and procedures governing the activities of such chapters, affinities, and branches to ensure their operations are consistent with those of the organization provides to ensure the organization have and activities of such chapters, affinities, and branches to ensure their operations are consistent with those of the organization provides to ensure the organization have a written organization to review this Form 990  10 Describer organization in a written was the such as a provide the names and addresses and such chapters, affinities, and branches to ensure their operations are consistent				<del></del>			
3 Did the organization delegate control over management otubes customanily performed by or under the direct supervision of officens, directions or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its organizational documents since the pnor Form 980 was filled?  4 Did the organization become aware during the year of a material diversion of the organization sassets?  5 Does the organization have members or stockholders?  7 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body?  8 A X S Did the organization have members distockholders, or other persons?  7 A X X Y A any decisions of the governing body subject to approval by members, stockholders, or other persons?  7 B X S Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  8 T Register of the governing body?  8 B X S S S S S S S S S S S S S S S S S S					2		x
supervision of officers, directors or fusitees, or key employees to a management company or other person?  4	3				<del></del>		
to the organization have make any significant changes to its organizational documents since the pion Form 990 was filed?  4					3		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?  5	4		filed?				
8 Does the organization have members or stockholders? 2 Does the organization have members or stockholders, or other persons who may elect one or more members 3 of the governing body? 4 No any decisions of the governing body subject to approval by members, stockholders, or other persons? 5 Dod the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 5 The governing body? 6 Back committee with authority to act on behalf of the governing body? 7 Is a three any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached 1 It the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 1 If Yes," does the organization have local chapters, branches, or affiliates? 1 It of yes, "does the organization have virtlen policies and procedures governing the activities of such chapters, 1 affiliates, and branches to ensure their operations are consistent with those of the organization? 1 It has the organization have a written policies and procedures governing the activities of such chapters, 1 affiliates, and branches to ensure their operations are consistent with those of the organization? 2 It a Describe in Schedule O the process, if any, used by the organization to review this Form 990 2 It a Describe in Schedule O the process, if any, used by the organization to review this Form 990 3 Does the organization have a written conflict of interest policy? If "No." go to line 13 4 Describe in Schedule O the written policy or interest policy? If "Yes," does the organization have a written demonstrating the activities of such chapters, and the policy of the policy o							
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  7a X  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following held the organization contemporaneously document the meetings held or written actions undertaken during the year by the following held the organization contemporaneously document the meetings held or written actions undertaken during the year by the following held the year by the following the year by the following held the year and year of the governing body before fling the form?  10a Does the organization have a written conflict of interest policy? If 'No,' go to line 13  10a Does the organization have a written conflict of interest policy? If 'No,' go to line 13  10a Does the organization have a written conflict of interest policy? If 'No,' go to line 13  10a Does the organization have a written organization they are written written year and year of the governing body before fling the following persons include a review and approval by independent persons, comparation to have a written document retention and destruction policy?  10a Does the organization have a written document retention and destruction policy?  10b The organization have a written document retention and destruction of the deliberation and decision?  10a The organization ha						+	
of the governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  7a					Ť	+	<del> </del>
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If "Yes" to line 15a or 15b, 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?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ KEN STODDARD  80 WALSH AVENUE		· · · · · · · · · · · · · · · · · · ·					
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b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?  16b  Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE  18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website Another's website X Upon request  19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ KEN STODDARD  80 WALSH AVENUE	IVa				40		v
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List the states with which a copy of this Form 990 is required to be filed ► NONE  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► KEN STODDARD  80 WALSH AVENUE	800	· · · · · · · · · · · · · · · · · · ·			16	<u> </u>	
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Own website Another's website X Upon request  Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization KEN STODDARD  80 WALSH AVENUE			a uniy)				
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policy, and financial statements available to the public  State the name, physical address, and telephone number of the person who possesses the books and records of the organization   KEN STODDARD  80 WALSH AVENUE	10		1aua-4				
State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► KEN STODDARD 80 WALSH AVENUE	13		erest				
organization ► KEN STODDARD 80 WALSH AVENUE	20	·	. f . L -				
·	20		ı ine				
	NT	·	11		860-6	66-6	3140

# 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 organization'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 employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)  Name and Title	(B) Average	Average Position (check all that apply)					(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director		Officer		Highest compensated employee	 compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
CLIFFORD STAMM TRUSTEE		x					0	0	0
EDWARD GELLER TRUSTEE	-	x					o	0	0
CLIFFORD STAMM II		x					0	0	. 0
BRUCE MORIN MASTER				x			o	0	0
A. SCOTT DEAN SECRETARY				x			0	0	0
JIM BAILEY FINANAL SECR				x			o	0	0
KEN STODDARD TREASURER				x			0	0	0
		<u> </u>							
		<u> </u>							
									.,
-									<u> </u>
		<u> </u>							
-									

Par	t VII Section A. Officers	, Directors, Trus	tees	s, Ke	y Er	nplo	yees	s, ar	d Highest Compensated	Employees (continued)		
	' (A) Name and Title	(B) Average hours per	$\vdash$		chec		that a		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
		-										
							ļ					
	<del></del>						<u> </u>					
	*******											
	- 4.4											
	****											
1b	Total	ı	<u> </u>		L	L	Щ.	<u> </u>			<u></u>	_
2	Total number of individuals (in reportable compensation from				thos	e lıs	ted a	bov	e) who received more than	\$100,000 in		
3	Did the organization list any fo	ormer officer, dire	ector	or t	ruste	e, k	ey er	mplo	oyee, or highest compensat	ted		No
4	employee on line 1a? If "Yes," For any individual listed on lin the organization and related of	e 1a, is the sum	of re	porta	able	com	pens	atio				<u>X</u>
5	Individual  Did any person listed on line 1 services rendered to the organ									r		<u>x</u> x
1	tion B. Independent Contract Complete this table for your fi	ve highest compe	ensa	ted i	ndep	oend	lent o	conti	ractors that received more	than \$100,000 of		
	compensation from the organi	(A) business address							Descrip	(B) tion of services	(C) Compensation	
·												
									<del></del>			
	Total number of independent more than \$100,000 in compe						ed to	tho	se listed above) who receiv	red	0	<del></del>
DAA						•			······································		Form <b>990</b> (20	009)

Pa	rt V	III Statement of Reve	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	4-	Fodorated compares	1a			revenue		312, 313, 01 314
Program Service Revenue Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 1b					
PE	D	Membership dues	1c					
r a	Ç	Fundraising events	1d					
ge	a	Related organizations	10 1e	<del></del>				
Si Si	e	Government grants (contributions)	le l	·				
돌림	T	All other contributions, gifts, grants, and similar amounts not included above	1 <sub>f</sub>	6,170				
Ē	_			0,170				
ag	g	Noncash contributions included in lines 1a-	-1f \$	<b>•</b> †	6,170			
9	<u> </u>	Total. Add lines 1a-1f		Busn. Code	0,1,0			
ᇛ	2-	WENDER GUID DURG		Bush. Code	25,165	25,165		
Š	2a b	MEMBERSHIP DUES			23,203	20,200		
8	0							
ezi	c d							
S E	e							
gra	f	All other program service reve	nue					
P	g		iiuo	<b>•</b>	25,165			······································
		Investment income (including	dividends					
	•	other similar amounts)		<b>•</b>	46,736	46,736		
	4	Income from investment of tax	c-exempt b	ond proceeds				
	5	Royalties		<b>•</b>				
		(i) Real		(ii) Personal				
	6a	Gross Rents						
		Less rental exps						
	d	Net rental income or (loss)	•	<b>•</b>				
	7a	Gross amount from (i) Securities	s	(II) Other				
		sales of assets other than inventory 335	,312	-		1		
	b	Less cost or other						
		basis & sales exps 359	,557					
	С	Gain or (loss) -24	,245					
	d	Net gain or (loss)		<b>•</b>	-24,245	-24,245		
e	8a	Gross income from fundraising eve	ents					
		(not including \$						
ě		of contributions reported on line 1c	)					
ě		See Part IV, line 18	a					
Other Rever		Less direct expenses	b [					
J		Net income or (loss) from fund		rents 🕨				
	9a	Gross income from gaming activities	es					
		See Part IV, line 19	a					
		Less direct expenses	ь					
		Net income or (loss) from gan		ies				
	10a	Gross sales of inventory, less						
		returns and allowances	a					
		Less cost of goods sold	p [					
	Ç	Net income or (loss) from sale					<del></del>	
	4.	Miscellaneous Revenue	e 	Busn Code	E 150	E 15A		
	11a	OTHER REVENUE			5,150	5,150		
	b			<del>                                     </del>				
	C	All alban marrages			- · · · ·			
	d	All other revenue			5,150			
	42	Total Revenue See matrustus		<b>!</b>	58,976	52,806	0	0
	12	Total Revenue. See instruction	) IIS	<u> </u>	30,3/0	32,606		<u> </u>

### 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).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
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				
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				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting	1,514		1,514	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties	70.000		70.000	
16	Occupancy	79,008		79,008	
17	Travel				
18	Payments of travel or entertainment expenses				
19	for any federal, state, or local public officials	2,286		2,286	
20	Conferences, conventions, and meetings interest	2,200		2,200	
21	Payments to affiliates	15,490		15,490	
22	Depreciation, depletion, and amortization	20,100		10,130	
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	OTHER	7,623		7,623	
b	SUBSIDY	2,086		2,086	
C	OFFICE EXPENSE	1,729		1,729	
d	MISCELLANEOUS	1,600		1,600	·
е	COMMUNITY SPONSORSHIP	868		868	<del></del>
	All other expenses	500	· · · · · ·	500	
	Total functional expenses. Add lines 1 through 24f	112,704		112,704	·
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				

17 6	irt X	Balance Sheet		(A)		(B)
				Beginning of year		End of year
	1	Cash—non-interest bearing		39,114	1	29,924
	2	Savings and temporary cash investments		3,875	2	6,50
	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. Com	plete 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	
ets	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖∣	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a 123,496			
	b	Less accumulated depreciation	10b	123,496	10c	123,49
	11	Investments—publicly traded securities		437,018	11	399,669
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
ı	15	Other assets See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line 3-	4)	603,503	16	559,59
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability Complete Part IV of	f Schedule D	<del></del>	21	
Liabilities	22	Payables to current and former officers, directors, truste	es, key			
2		employees, highest compensated employees, and disqu	ualified			
֡֞֟֞֞֩֞֞֩֞֞֞֞֞֩֞֞֞֞֞֩֞֞֡֡		persons Complete Part II of Schedule L			22	<u> </u>
	23	Secured mortgages and notes payable to unrelated third	d parties		23	,
	24	Unsecured notes and loans payable to unrelated third p	arties		24	· · · · · · · · · · · · · · · · · · ·
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25			26	
Net Assets or Fund Balances		Organizations that follow SFAS 117, check here ▶ [	and			
ınc		complete lines 27 through 29, and lines 33 and 34.				
ala	27	Unrestricted net assets			27	
0	28	Temporarily restricted net assets		28		
ınd	29	Permanently restricted net assets	. (***)		29	· · · · · · · · · · · · · · · · · · ·
L		Organizations that do not follow SFAS 117, check he	re ▶ X			
ō		and complete lines 30 through 34.				
2	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or equipmen		600 500	31	FF0 F0
Ĭ	32	Retained earnings, endowment, accumulated income, or	r other funds	603,503		559,59
į	33	Total net assets or fund balances		603,503		559,59
_	34	Total liabilities and net assets/fund balances		603,503	34	559,59

Form **990** (2009)

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

Form 990 (2009)

3b

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

2009 Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number SEQUIN LODGE # 140 AF & AM 23-7144282 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ \_ \_ \_ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

<u>Sche</u>	dule D (Form 990) 2009 SEQUIN LO					<u>23-71</u>		Page <b>2</b>
Pa	rt III Organizations Maintaining	Collections	of Art,	Historical Tre	asures,	or Other	Similar Asse	ts (continued)
3	Using the organization's acquisition, accessio collection items (check all that apply)	on, and other reco	ords, che	ck any of the follow	wing that a	re a significa	ant use of its	
а	Public exhibition	d∫	Loan	or exchange progr	ams			
b	Scholarly research	е	Other					
С	Preservation for future generations	-	_					
4	Provide a description of the organization's col Part XIV	llections and exp	ain how	they further the or	ganization	's exempt pu	irpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	be maintained a	s part of	the organization's	collection	?		Yes No
Pa	rt IV Escrow and Custodial Arra IV, line 9, or reported an an					nswered	"Yes" to Forn	n 990, Part
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	an or other interm	ediary fo	r contributions or	other asse	ts not		Yes No
b	If "Yes," explain the arrangement in Part XIV	and complete the	following	g table				
								Amount
С	Beginning balance						1c	
d	Additions during the year						1d	
е	Distributions during the year						1e	
f	Ending balance						1f	
2a	Did the organization include an amount on Fo	orm 990, Part X, I	ine 21?					Yes No
ь	If "Yes," explain the arrangement in Part XIV							
Pa	et V Endowment Funds. Compl	ete if organiz	ation a	nswered "Yes	" to Forr	n 990, Pa	rt IV, line 10.	
		(a) Current y		(b) Prior year	1	years back	(d) Three years b	ack (e) Four years back
1a	Beginning of year balance							
	Contributions							
	Net investment earnings, gains,					·····		
•	and losses							
d	Grants or scholarships							
	Other expenditures for facilities				_	·····		
·	and programs				1			
	Administrative expenses							
	End of year balance	<del></del>			<del></del>			
g	-	and halance hal					1	
2	Provide the estimated percentage of the year		u as					
	Board designated or quasi-endowment	%						
	Permanent endowment %							
	Term endowment ▶ %			4 6-144 -	4	-1 C Al		
за	Are there endowment funds not in the posses	ssion of the organ	lization ti	nat are nelo ano a	aministere	a for the		Van Na
	organization by							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organizations	•						3b
4					200 5	( ) ( ) ( )		
<u>Pa</u>	rt VI Investments—Land, Buildi							
	Description of investment	(a) Cost or of		(b) Cost or basis (oth	her)	depr	eciation	(d) Book value
1a	Land			12	3,496			123,496
b	Buildings							
С	Leasehold improvements							
	Equipment							
	Other							
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, F	art X, co	lumn (B), line 10(	c) )		<b>•</b>	123,496

Schedule D (Form 990) 2009 SEQUIN LODGE # 140 A		23-114202 Page
Part VII Investments—Other Securities. See Form 9		
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
	<del></del>	
Financial derivatives		
Closely-held equity interests		
Other		
	_	
	-	
	_	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>&gt;</b>	
Part VIII Investments—Program Related. See Form		
		(c) Method of valuation
(a) Description of investment type	(b) Book value	• •
		Cost or end-of-year market value
100011 (00:01111 (0) 111001 0001 1 0111 1 0011 (0)		
Part IX Other Assets. See Form 990, Part X, line 15	<u>).</u>	
(a) Description		(b) Book value
T. 1. (0.1 (1.1 (1.1 (1.1 (1.1 (1.1 (1.1		<b>•</b>
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	05	
Part X Other Liabilities. See Form 990, Part X, line		<del>, , , , , , , , , , , , , , , , , , , </del>
1 (a) Description of liability	(b) Amount	
Federal income taxes		
	<del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<b>&gt;</b>	
<del></del>	<u> </u>	nts that raparts the
2. FIN 48 Footnote in Part XIV, provide the text of the footnote to the or	rgamzation's financial statemer	nts that reports the
organization's liability for uncertain tax positions under FIN 48		

Sche	dule D (Form 990) 2009 SEQUIN LODGE # 140 AF & AM	23-71442	82	Page <b>4</b>
P∌	rt XI Reconciliation of Change in Net Assets from Form 990 to	<b>Audited Financial State</b>	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	····
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	<u> </u>	10	
Pa	at XII Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per R	Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
₽a	at XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	r Return	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a	_	
b	Prior year adjustments	2b	_	
С	Other losses	2c	_	
d	Other (Describe in Part XIV)	2d	_	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<b>⊣</b> ∣	
b	Other (Describe in Part XIV)	4b	_	
¢	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	
Pa	at XIV Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lir	nes 1a and 4, Part IV, lines 1b		
and 2	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lin	nes 2d and 4b Also complete		
this p	part to provide any additional information			
		<b></b>	_ <del></del>	

Schedule D (F	orm 990) 200	9 SEQUI	IN LODGE	# 140 AF	' & AM	23-71442	82 Page <b>5</b>
Part XIV	Supplem	ental Infor	IN LODGE mation (continu	ued)			
			( )		· · · · · · · · · · · · · · · · · · ·		
	. – – –						
	. – – –						
	. – – –						
	- <del></del>						
							<del>-</del>
	<b>-</b>						

SCHEDULE O (Form 990) Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SEQUIN LODGE # 140 AF & AM

Employer identification number 23 - 7144282

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE TREASURER OF THE ORGANIZATION PRESENTS THE 990 TO THE BOARD OF
DIRECTORS FOR THEIR REVIEW BEFORE SIGNING AND MAILING THE RETURN.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AT THE OFFICES OF THE ORGANIZATION DURING NORMAL BUSINESS HOURS.

# Application for Extension of Time To File an Exempt Organization Return

(Rev January 20	011)	LXCII	ipt Oigo	inization itotain			CIVID ING	1343-1709			
Department of the Treasury Internal Revenue Service		▶ File									
		omatic 3-Month Extension, complete	only Part I	and check this box	· <del></del>		L	<b>▶</b> X			
	-	-	-	plete only Part II (on page 2 of this form	1)			, =			
				nonth extension on a previously filed For							
•		, , ,		, , , , , ,							
Electronic fili	ng (e-file). You	ı can electronically file Form 8868 if you	need a 3-mo	onth automatic extension of time to file (6	6 months fo	or					
a corporation i	required to file !	Form 990-T), or an additional (not autor	natic) 3-moni	th extension of time. You can electronical	illy file Forr	n					
8868 to reque	st an extension	of time to file any of the forms listed in	Part I or Part	II with the exception of Form 8870, Infoi	mation						
Return for Tra	nsfers Associat	ed With Certain Personal Benefit Contr	acts, which n	nust be sent to the IRS in paper format (	see						
instructions) F	or more details	s on the electronic filing of this form, visi	t www irs go	v/efile and click on e-file for Charities & f	onprofits						
Part I	Automati	<u>c 3-Month Extension of Time.</u>	Only sub	mit original (no copies needed)	<u>.                                    </u>						
A corporation	required to file	Form 990-T and requesting an automat	ic 6-month ex	xtension-check this box and complete				. —			
Part I only								▶ 📙			
		ng 1120-C filers), partnerships, REMICs	s, and trusts	must use Form 7004 to request an exter	ision of tim	e					
to file income t											
Type or	Name of exe	mpt organization					Employer identification nu				
print	CHOUTN	TODGE # 140 BE 5 3			23-7144282						
File by the due date for		LODGE # 140 AF & A			23-1	1442	82	<del></del>			
filing your		eet, and room or suite no If a P O box,	see instruction	ons							
return See		SH AVENUE	foreign adds								
instructions	NEWING	post office, state, and ZIP code. For a 1	roreign addre								
	1 HEM LING	CI	00111	·							
Enter the Retu	ırn code for the	return that this application is for (file a s	separate app	lication for each return)				01			
Application			Return	Application				Return			
ls For			Code	Is For		Code					
Form 990	<del></del>		01	Form 990-T (corporation)		07					
Form 990-B	L		02	Form 1041-A		08					
Form 990-E	Z		03	Form 4720		09					
Form 990-P	F		04	Form 5227		10					
Form 990-T	(sec 401(a) or	408(a) trust)	05	Form 6069		11					
Form 990-T	(trust other tha	n above)	06	Form 8870							
The books	are in the care of	► WALTER BRIDEAX									
Telephone	e No ▶ 86	0-666-9149	FAX No	▶							
If the orga	ınızatıon does r	ot have an office or place of business in	n the United	States, check this box				▶ 🗌			
• If this is fo	r a Group Retu	rn, enter the organ <u>iza</u> tion's four digit Gr	oup Exempti	on Number (GEN) If	this is						
for the whole (	group, check th	is box   If it is for part of	the group, cl	heck this box	ch						
a list with the i	names and EIN	s of all members the extension is for									
		3-month (6 months for a corporation re-									
until 0	7/15/11	, to file the exempt organization return	n for the orga	inization named above. The extension is							
for the c	organization's re	eturn for									
▶	calendar year	or									
► X	tax year begini	ning $12/01/09$ , and ending	11/30/	10							
	If this tax year entered in line 1 is for less than 12 months, check reason Initial return Final return  Change in accounting period										
3a If this ar	onlication is for	Form 990-BL, 990-PF, 990-T, 4720, or	6069 enter t	the tentative tax less any							
	•		Jood, Giller I	3a \$							
nonrefundable credits See instructions  b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								,			
			•								
estimated tax payments made include any prior year overpayment allowed as a credit  c Balance due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit											
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See										

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for