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Form **990**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

2010**Open to Public
Inspection****A** For the **2010** calendar year, or tax year beginning , and ending**B** Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

Name of organization **WARREN LODGE #51**
ANCIENT FREE&ACCEPTED MASONS OF MD

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

304 INTERNATIONAL CIRCLE

Room/suite

City or town, state or country, and ZIP + 4

BALTIMORE MD 21030-1300**D** Employer identification number**52-0226286****E** Telephone number**410-655-7580****G** Gross receipts \$ **623,088****F** Name and address of principal officer**H(a)** Is this a group return for affiliates? Yes ☒ No**H(b)** Are all affiliates included? Yes No

If "No," attach a list (see instructions)

I Tax-exempt status 501(c)(3) ☒ 501(c) (**10**) ◀ (insert no) 4947(a)(1) or 527**J** Website ▶ **N/A****H(c)** Group exemption number ▶**K** Form of organization ☒ Corporation Trust Association Other ▶**L** Year of formation**M** State of legal domicile **MD****Part I Summary**

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
FRATERNAL ACTIVITIES**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a)**3****4** Number of independent voting members of the governing body (Part VI, line 1b)**4****5** Total number of individuals employed in calendar year 2010 (Part V, line 2a)**5****6** Total number of volunteers (estimate if necessary)**6****7a** Total unrelated business revenue from Part VIII, column (C), line 12**7a****b** Net unrelated business taxable income from Form 990-T, line 34**7b****0**

Revenue

Prior Year

Current Year

8 Contributions and grants (Part VIII, line 1h)**6,320****10,349****9** Program service revenue (Part VIII, line 2g)**5,859****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**-128,901****58,706****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**36,373****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**-80,349****69,055**

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)**27,621****21,715****14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**4,991****4,250****16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24h)**23,777****32,319****18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)**56,389****58,284****19** Revenue less expenses Subtract line 18 from line 12**-136,738****10,771**

Net Assets or Fund Balances

Beginning of Current Year

End of Year

20 Total assets (Part X, line 16)**762,643****773,414****21** Total liabilities (Part X, line 26)**0****0****22** Net assets or fund balances Subtract line 21 from line 20**762,643****773,414****Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

AVRUM TAMRES

Type or print name and title

SECRETARY

Date

5/6/11

Paid

Preparer Use Only

Print/Type preparer's name

WILLIAM L. APPEL

Preparer's signature

WILLIAM L. APPEL

Date

5/6/11

Check if

self-employed

PTIN

P00016154

Firm's name ▶

DONALD & APPEL, LLC

Firm's EIN ▶

52-1843055Firm's address ▶ **6 RESERVOIR CIRCLE, SUITE 200**

Phone no

410-484-2442Firm's address ▶ **BALTIMORE, MD 21208-7300**

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

DAA

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☒**1** Briefly describe the organization's mission:**FRATERNAL ACTIVITIES****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code) (Expenses \$ including grants of \$) (Revenue \$)
CONDUCT FRATERNAL AND SOCIAL ACTIVITIES FOR LODGE MEMBERS**4b** (Code) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ►

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b 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		X
c 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		X
d 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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 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 (see instructions)		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		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		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did 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		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	X	
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? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		
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		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 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? If "Yes," complete Schedule L, Part III		X
28 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)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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		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		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
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		
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		X
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		X

☐ Yes ☒ No

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
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		X
b If "Yes," enter the name of the foreign country: See instructions for 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?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax 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		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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		
9 Sponsoring organizations maintaining donor advised funds.			
a 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			
a 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			
a 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 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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.

Check if Schedule O contains a response to any question in this Part VI ☐

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
1b Enter the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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 ☐ 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 ► **AVRUM TAMRES**
304 INTERNATIONAL CIRCLE
COCKEYSVILLE **MD 21030-1300 410-655-7580**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**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.

- 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, if any. 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.

☐ Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RAYMOND F LUNN TRUSTEE	7.00	X		X				450	0	0
(2) AVRUM TAMRES SECRETARY	10.00			X				3,200	0	0
(3) JOEL DAVIS TREASURER	7.00			X				400	0	0
(4) WARREN GREEN TREASURER	7.00			X				200	0	0
(5) JOSEPH H PYLES III W.M.	3.00			X				0	0	0
(6) RICHARD W PETRY S.W.	7.00			X				0	0	0
(7) BERNARD F BELL J.W.	7.00			X				0	0	0
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total							4,250			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							4,250			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b	8,760			
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,589			
	g Noncash contributions included in lines 1a-1f	\$				
	h Total. Add lines 1a-1f		10,349			
Program Service Revenue	2a	Busn Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		37,235		
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross Rents		(i) Real (ii) Personal				
b Less rental exps						
c Rental inc. or (loss)						
d Net rental income or (loss)						
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other	575,504			
b Less cost or other basis & sales exps			554,033			
c Gain or (loss)			21,471			
d Net gain or (loss)			21,471			21,471
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a				
b Less direct expenses		b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19		a				
b Less direct expenses		b				
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		Busn Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions		69,055	0	0	58,706	

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 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	21,715			
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	4,250			
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)				
a Management				
b Legal				
c Accounting	1,200			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	5,815			
g Other				
12 Advertising and promotion				
13 Office expenses	3,463			
14 Information technology				
15 Royalties				
16 Occupancy	1,650			
17 Travel	195			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,158			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a GRAND LODGE ASSESSMENTS	6,274			
b PATRIOT PROGRAM EXPENSES	196			
c MARKETING	162			
d BANK CHARGES	106			
e WEB SITE	100			
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	58,284	0	0	0
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	12,648	1	9,986
	2 Savings and temporary cash investments	316,838	2	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	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		
	b Less accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities	413,491	11	763,428
	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.	19,666	15		
16 Total assets. Add lines 1 through 15 (must equal line 34).	762,643	16	773,414	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D.		25	
	26 Total liabilities. Add lines 17 through 25.	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	762,643	32	773,414
33 Total net assets or fund balances	762,643	33	773,414	
34 Total liabilities and net assets/fund balances	762,643	34	773,414	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	69,055
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,284
3	Revenue less expenses Subtract line 2 from line 1	3	10,771
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	762,643
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	773,414

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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?	X	
b Were the organization's financial statements audited by an independent accountant?		X
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?		X
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		

SCH. D ATTACHMENT

Warren Lodge No. 51 A.F. & A.M.
Capital Gain/Loss Report
 Worksheet only - 1099 provided by Institution
 For the Period 01/01/2010 to 12/31/2010

	Units	Date Acquired	Date Disposed	Disposed Amount	Basis	Gain/Loss	Holding Period
Warren Lodge #51 Anniversary Account Portfolio C2 Owncat ASSC							
Citibank NA 4/1/10 1.4% (Avg Cost Method)							
75953401 17312QDY							
	15,000.00	03/28/2009	04/01/2010	15,000.00	15,000.00	0.00	Long
Long Total	<u>15,000.00</u>	<u>03/28/2009</u>	<u>04/01/2010</u>	<u>\$ 15,000.00</u>	<u>\$ 15,000.00</u>	<u>\$ 0.00</u>	Long
Asset Total	<u>15,000.00</u>	<u>03/28/2009</u>	<u>04/01/2010</u>	<u>\$ 15,000.00</u>	<u>\$ 15,000.00</u>		
Owner Subtotal				<u>\$ 15,000.00</u>	<u>\$ 15,000.00</u>		
Owner Total				<u>\$ 15,000.00</u>	<u>\$ 15,000.00</u>		

Warren Lodge #51 Growth Account Portfolio C1 Owncat ASSC

AIM Charter Fund CL A (Avg Cost Method)

22071676 CHTSZ

	288.67	06/10/1999	01/06/2010	4,393.68	Unknown	Unknown	Long
Long Total	<u>288.67</u>	<u>06/10/1999</u>	<u>01/06/2010</u>	<u>\$ 4,393.68</u>	<u>\$ 0.00</u>	<u>\$ 0.00</u>	Long
Asset Total	<u>288.67</u>	<u>06/10/1999</u>	<u>01/06/2010</u>	<u>\$ 4,393.68</u>	<u>\$ 0.00</u>		

Allianz NFJ Dividend Value Fun (Avg Cost Method)

22071676 PEIDX

	3,214.28	01/11/2010	10/19/2010	34,714.29	34,200.00	514.29	Short
Short Total	<u>3,214.28</u>	<u>01/11/2010</u>	<u>10/19/2010</u>	<u>\$ 34,714.29</u>	<u>\$ 34,200.00</u>	<u>\$ 514.29</u>	Short
Asset Total	<u>3,214.28</u>	<u>01/11/2010</u>	<u>10/19/2010</u>	<u>\$ 34,714.29</u>	<u>\$ 34,200.00</u>		

Short Term Gain/Loss \$ 514.29

Amazon Com. Inc (Avg Cost Method)

22071676 AMZN

	275.00	07/26/2001	01/06/2010	36,458.56	3,258.95	33,199.61	Long
Long Total	<u>275.00</u>	<u>07/26/2001</u>	<u>01/06/2010</u>	<u>\$ 36,458.56</u>	<u>\$ 3,258.95</u>	<u>\$ 33,199.61</u>	Long

NOTE: Taxation of bonds in portfolio should be reviewed by tax professional. Cost basis and associated gains or losses reported by client to SWMG remains the responsibility of client and their tax professional to assure accuracy. Capital Loss Harvesting Note: The realization of capital losses may be limited by wash sale rules. These rules require coordination of all your holdings, whether they be in your company 401k, in accounts you privately manage or in accounts that are managed by Strategic Wealth Management LLC. These rules can be complicated and it is recommended that you work with your tax preparer to ensure that you will be able to benefit from any capital losses generated from these trades.

Warren Lodge No. 51 A.F. & A.M. Capital Gain/Loss Report For the Period 01/01/2010 to 12/31/2010

(Continued)

	Units	Date Acquired	Date Disposed	Disposed Amount	Basis	Gain/Loss	Holding Period
Asset Total	275.00	07/26/2001	01/06/2010	\$ 36,458.56	\$ 3,258.95		
					Long Term Gain/Loss	\$ 33,199.61	
Amer Funds Europacific Growth (Avg Cost Method) 22071676 AEPGX							
	659.85	01/31/2008	01/06/2010	25,985.09	30,293.10	-4,308.01	Long
Long Total	659.85	01/31/2008	01/06/2010	\$ 25,985.09	\$ 30,293.10	\$ -4,308.01	Long
	10.68	12/24/2009	01/06/2010	420.70	490.44	-69.74	Short
Short Total	10.68	12/24/2009	01/06/2010	\$ 420.70	\$ 490.44	\$ -69.74	Short
Asset Total	670.53	01/31/2008	01/06/2010	\$ 26,405.79	\$ 30,783.54		
					Short Term Gain/Loss	\$ -69.74	
					Long Term Gain/Loss	\$ -4,308.01	
Best Buy, Inc. (Avg Cost Method) 22071676 BBY							
	300.00	04/05/2007	01/06/2010	12,266.68	15,162.74	-2,896.06	Long
Long Total	300.00	04/05/2007	01/06/2010	\$ 12,266.68	\$ 15,162.74	\$ -2,896.06	Long
	200.00	04/05/2007	01/06/2010	8,177.98	10,108.49	-1,930.51	Long
Long Total	200.00	04/05/2007	01/06/2010	\$ 8,177.98	\$ 10,108.49	\$ -1,930.51	Long
	20.00	04/05/2007	01/06/2010	817.77	1,010.85	-193.08	Long
Long Total	20.00	04/05/2007	01/06/2010	\$ 817.77	\$ 1,010.85	\$ -193.08	Long
Asset Total	520.00	04/05/2007	01/06/2010	\$ 21,262.43	\$ 26,282.08		
					Long Term Gain/Loss	\$ -5,019.65	
Bristol-Myers Squibb Co (Avg Cost Method) 22071676 BMY							
	200.00	08/21/2009	01/06/2010	5,036.07	4,583.43	452.64	Short
Short Total	200.00	08/21/2009	01/06/2010	\$ 5,036.07	\$ 4,583.43	\$ 452.64	Short
	200.00	08/21/2009	01/06/2010	5,035.87	4,583.42	452.45	Short
Short Total	200.00	08/21/2009	01/06/2010	\$ 5,035.87	\$ 4,583.42	\$ 452.45	Short
	100.00	08/21/2009	01/06/2010	2,518.33	2,291.71	226.62	Short
Short Total	100.00	08/21/2009	01/06/2010	\$ 2,518.33	\$ 2,291.71	\$ 226.62	Short
	50.00	08/21/2009	01/06/2010	1,259.14	1,145.86	113.28	Short
Short Total	50.00	08/21/2009	01/06/2010	\$ 1,259.14	\$ 1,145.86	\$ 113.28	Short

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Warren Lodge No. 51 A.F. & A.M. Capital Gain/Loss Report For the Period 01/01/2010 to 12/31/2010

(Continued)

	Units	Date Acquired	Date Disposed	Disposed Amount	Basis	Gain/Loss	Holding Period
Asset Total	550.00	08/21/2009	01/06/2010	\$ 13,849.41	\$ 12,604.42		
					Short Term Gain/Loss	\$ 1,244.99	
Cisco Systems Inc (Avg Cost Method)							
22071676 CSCO							
	400.00	07/11/2005	01/06/2010	9,799.74	7,835.25	1,964.49	Long
Long Total	400.00	07/11/2005	01/06/2010	\$ 9,799.74	\$ 7,835.25	\$ 1,964.49	Long
	300.00	07/11/2005	01/06/2010	7,349.81	5,876.44	1,473.37	Long
Long Total	300.00	07/11/2005	01/06/2010	\$ 7,349.81	\$ 5,876.44	\$ 1,473.37	Long
	125.00	07/11/2005	01/06/2010	3,062.42	2,448.52	613.90	Long
Long Total	125.00	07/11/2005	01/06/2010	\$ 3,062.42	\$ 2,448.52	\$ 613.90	Long
	100.00	07/11/2005	01/06/2010	2,449.93	1,958.81	491.12	Long
Long Total	100.00	07/11/2005	01/06/2010	\$ 2,449.93	\$ 1,958.81	\$ 491.12	Long
	100.00	07/11/2005	01/06/2010	2,449.93	1,958.81	491.12	Long
Long Total	100.00	07/11/2005	01/06/2010	\$ 2,449.93	\$ 1,958.81	\$ 491.12	Long
	100.00	07/11/2005	01/06/2010	2,449.93	1,958.81	491.12	Long
Long Total	100.00	07/11/2005	01/06/2010	\$ 2,449.93	\$ 1,958.81	\$ 491.12	Long
	100.00	07/11/2005	01/06/2010	2,449.93	1,958.82	491.11	Long
Long Total	100.00	07/11/2005	01/06/2010	\$ 2,449.93	\$ 1,958.82	\$ 491.11	Long
Asset Total	1,225.00	07/11/2005	01/06/2010	\$ 30,011.69	\$ 23,995.46		
					Long Term Gain/Loss	\$ 6,016.23	
Cognizant Tech Sol Cl A (Avg Cost Method)							
22071676 CTSH							
	380.00	09/20/2007	01/06/2010	18,068.53	14,094.76	3,973.77	Long
Long Total	380.00	09/20/2007	01/06/2010	\$ 18,068.53	\$ 14,094.76	\$ 3,973.77	Long
Asset Total	380.00	09/20/2007	01/06/2010	\$ 18,068.53	\$ 14,094.76		
					Long Term Gain/Loss	\$ 3,973.77	
Columbia Acorn Intl FD CL A (Avg Cost Method)							
22071676 LALAX							
	704.70	02/28/2008	01/06/2010	24,833.84	29,907.82	-5,073.98	Long
Long Total	704.70	02/28/2008	01/06/2010	\$ 24,833.84	\$ 29,907.82	\$ -5,073.98	Long

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Warren Lodge No. 51 A.F. & A.M. Capital Gain/Loss Report **For the Period 01/01/2010 to 12/31/2010**

(Continued)

	Units	Date Acquired	Date Disposed	Disposed Amount	Basis	Gain/Loss	Holding Period
Asset Total	704.70	02/28/2008	01/06/2010	\$ 24,833.84	\$ 29,907.82		
					Long Term Gain/Loss	\$ -5,073.98	

Columbia Marsico Focused Z (Avg Cost Method)
 22071676 NFEPIX

	288.63	01/11/2010	12/01/2010	6,500.00	5,836.14	663.86	Short
Short Total	288.63	01/11/2010	12/01/2010	\$ 6,500.00	\$ 5,836.14	\$ 663.86	Short
Asset Total	288.63	01/11/2010	12/01/2010	\$ 6,500.00	\$ 5,836.14		
					Short Term Gain/Loss	\$ 663.86	

Columbia Value & Restructuring (Avg Cost Method)
 22071676 UMBIX

	136.72	01/11/2010	12/01/2010	6,500.00	6,158.18	341.82	Short
Short Total	136.72	01/11/2010	12/01/2010	\$ 6,500.00	\$ 6,158.18	\$ 341.82	Short
Asset Total	136.72	01/11/2010	12/01/2010	\$ 6,500.00	\$ 6,158.18		
					Short Term Gain/Loss	\$ 341.82	

Davis NY Venture FD CL C (Avg Cost Method)
 22071676 NYVCX

	683.05	06/12/2009	01/06/2010	20,683.55	17,001.37	3,682.18	Short
Short Total	683.05	06/12/2009	01/06/2010	\$ 20,683.55	\$ 17,001.37	\$ 3,682.18	Short
Asset Total	683.05	06/12/2009	01/06/2010	\$ 20,683.55	\$ 17,001.37		
					Short Term Gain/Loss	\$ 3,682.18	

Energy Transfer Partners Unit (Avg Cost Method)
 22071676 ETP

	100.00	08/21/2009	01/06/2010	4,528.01	4,297.36	230.65	Short
Short Total	100.00	08/21/2009	01/06/2010	\$ 4,528.01	\$ 4,297.36	\$ 230.65	Short
	100.00	08/21/2009	01/06/2010	4,527.98	4,297.37	230.61	Short
Short Total	100.00	08/21/2009	01/06/2010	\$ 4,527.98	\$ 4,297.37	\$ 230.61	Short
	100.00	08/21/2009	01/06/2010	4,527.88	4,297.36	230.52	Short
Short Total	100.00	08/21/2009	01/06/2010	\$ 4,527.88	\$ 4,297.36	\$ 230.52	Short

NOTE: Taxation of bonds in portfolio should be reviewed by tax professional. Cost basis and associated gains or losses reported by client to SWMG remains the responsibility of client and their tax professional to assure accuracy. Capital Loss Harvesting Note: The realization of capital losses may be limited by wash sale rules. These rules require coordination of all your holdings, whether they be in your company 401k, in accounts you privately manage or in accounts that are managed by Strategic Wealth Management LLC. These rules can be complicated and it is recommended that you work with your tax preparer to ensure that you will be able to benefit from any capital losses generated from these trades.

Warren Lodge No. 51 A.F. & A.M. Capital Gain/Loss Report For the Period 01/01/2010 to 12/31/2010

(Continued)

	Units	Date Acquired	Date Disposed	Disposed Amount	Basis	Gain/Loss	Holding Period
Asset Total	300.00	08/21/2009	01/06/2010	\$ 13,583.87	\$ 12,892.09		
						Short Term Gain/Loss \$ 691.78	
First Eagle Global A (Avg Cost Method)							
22071676 SGENX							
	199.46	01/11/2010	12/01/2010	9,000.00	8,216.08	783.92	Short
Short Total	199.46	01/11/2010	12/01/2010	\$ 9,000.00	\$ 8,216.08	\$ 783.92	Short
Asset Total	199.46	01/11/2010	12/01/2010	\$ 9,000.00	\$ 8,216.08		
						Short Term Gain/Loss \$ 783.92	
Gabelli Equity Income Fund CL (Avg Cost Method)							
22071676 GCCX							
	1,183.51	06/12/2009	01/06/2010	20,399.73	17,076.45	3,323.28	Short
	2.07	12/29/2009	01/06/2010	35.70	29.88	5.82	Short
Short Total	1,185.58	06/12/2009	01/06/2010	\$ 20,435.43	\$ 17,106.33	\$ 3,329.10	Short
Asset Total	1,185.58	06/12/2009	01/06/2010	\$ 20,435.43	\$ 17,106.33		
						Short Term Gain/Loss \$ 3,329.10	
General Electric (Avg Cost Method)							
22071676 GE							
	700.00	08/22/2006	01/06/2010	10,856.72	24,033.28	-13,176.56	Long
Long Total	700.00	08/22/2006	01/06/2010	\$ 10,856.72	\$ 24,033.28	\$ -13,176.56	Long
Asset Total	700.00	08/22/2006	01/06/2010	\$ 10,856.72	\$ 24,033.28		
						Long Term Gain/Loss \$ -13,176.56	
Goldman Sachs Mid Cap Value Fu (Avg Cost Method)							
22071676 GCMAX							
	43.89	01/11/2010	12/01/2010	1,500.00	1,319.13	180.87	Short
Short Total	43.89	01/11/2010	12/01/2010	\$ 1,500.00	\$ 1,319.13	\$ 180.87	Short
Asset Total	43.89	01/11/2010	12/01/2010	\$ 1,500.00	\$ 1,319.13		
						Short Term Gain/Loss \$ 180.87	
Goodyear Tire & Rubber (Avg Cost Method)							
22071676 GT							
	300.00	06/04/2008	01/06/2010	4,742.87	7,292.59	-2,549.72	Long
Long Total	300.00	06/04/2008	01/06/2010	\$ 4,742.87	\$ 7,292.59	\$ -2,549.72	Long
	200.00	06/04/2008	01/06/2010	3,162.91	4,861.73	-1,698.82	Long
Long Total	200.00	06/04/2008	01/06/2010	\$ 3,162.91	\$ 4,861.73	\$ -1,698.82	Long

NOTE: Taxation of bonds in portfolio should be reviewed by tax professional. Cost basis and associated gains or losses reported by client to SYMIG remains the responsibility of client and their tax professional to assure accuracy. Capital Loss Harvesting Note: The realization of capital losses may be limited by wash sale rules. These rules require coordination of all your holdings, whether they be in your company 401k, in accounts you privately manage or in accounts that are managed by Strategic Wealth Management LLC. These rules can be complicated and it is recommended that you work with your tax preparer to ensure that you will be able to benefit from any capital losses generated from these trades.

Warren Lodge No. 51 A.F. & A.M. Capital Gain/Loss Report

For the Period 01/01/2010 to 12/31/2010

(Continued)

	Units	Date Acquired	Date Disposed	Disposed Amount	Basis	Gain/Loss	Holding Period
	100.00	06/04/2008	01/06/2010	1,580.95	2,430.86	-849.91	Long
Long Total	100.00	06/04/2008	01/06/2010	\$ 1,580.95	\$ 2,430.86	\$ -849.91	Long
Asset Total	600.00	06/04/2008	01/06/2010	\$ 9,486.73	\$ 14,585.18		
				Long Term Gain/Loss	\$	-5,098.45	

Honeywell International (Avg Cost Method)
22071676 HON

	100.00	08/22/2006	01/06/2010	4,039.92	3,933.88	106.04	Long
Long Total	100.00	08/22/2006	01/06/2010	\$ 4,039.92	\$ 3,933.88	\$ 106.04	Long
	50.00	08/22/2006	01/06/2010	2,019.96	1,966.94	53.02	Long
Long Total	50.00	08/22/2006	01/06/2010	\$ 2,019.96	\$ 1,966.94	\$ 53.02	Long
Asset Total	150.00	08/22/2006	01/06/2010	\$ 6,059.88	\$ 5,900.82		
				Long Term Gain/Loss	\$	159.06	

Intl Business Machines (Avg Cost Method)
22071676 IBM

	100.00	07/01/1982	01/06/2010	13,037.76	1,527.29	11,510.47	Long
Long Total	100.00	07/01/1982	01/06/2010	\$ 13,037.76	\$ 1,527.29	\$ 11,510.47	Long
	100.00	07/01/1982	01/06/2010	13,037.66	1,527.28	11,510.38	Long
Long Total	100.00	07/01/1982	01/06/2010	\$ 13,037.66	\$ 1,527.28	\$ 11,510.38	Long
Asset Total	200.00	07/01/1982	01/06/2010	\$ 26,075.42	\$ 3,054.57		
				Long Term Gain/Loss	\$	23,020.85	

1shares DJ US Home const Index (Avg Cost Method)
22071676 ITB

	560.00	09/20/2007	01/06/2010	6,871.02	12,736.53	-5,865.51	Long
Long Total	560.00	09/20/2007	01/06/2010	\$ 6,871.02	\$ 12,736.53	\$ -5,865.51	Long
Asset Total	560.00	09/20/2007	01/06/2010	\$ 6,871.02	\$ 12,736.53		
				Long Term Gain/Loss	\$	-5,865.51	

JP Morgan & Chase Co Inc (Avg Cost Method)
22071676 JPM

	100.00	03/19/1997	01/06/2010	4,399.28	3,359.67	1,039.61	Long
Long Total	100.00	03/19/1997	01/06/2010	\$ 4,399.28	\$ 3,359.67	\$ 1,039.61	Long
	100.00	03/19/1997	01/06/2010	4,399.28	3,359.66	1,039.62	Long
Long Total	100.00	03/19/1997	01/06/2010	\$ 4,399.28	\$ 3,359.66	\$ 1,039.62	Long

NOTE: Taxation of bonds in portfolio should be reviewed by tax professional. Cost basis and associated gains or losses reported by client to SWMG remains the responsibility of client and their tax professional to assure accuracy. Capital Loss Harvesting Note: The realization of capital losses may be limited by wash sale rules. These rules require coordination of all your holdings, whether they be in your company 401k, in accounts you privately manage or in accounts that are managed by Strategic Wealth Management LLC. These rules can be complicated and it is recommended that you work with your tax preparer to ensure that you will be able to benefit from any capital losses generated from these trades.

Warren Lodge No. 51 A.F. & A.M. Capital Gain/Loss Report For the Period 01/01/2010 to 12/31/2010

(Continued)

	Units	Date Acquired	Date Disposed	Disposed Amount	Basis	Gain/Loss	Holding Period
	100.00	03/19/1997	01/06/2010	4,399.28	3,359.67	1,039.61	Long
Long Total	100.00	03/19/1997	01/06/2010	\$ 4,399.28	\$ 3,359.67	\$ 1,039.61	Long
Asset Total	300.00	03/19/1997	01/06/2010	\$ 13,197.84	\$ 10,079.00		
				Long Term Gain/Loss	\$	3,118.84	
Johnson & Johnson (Avg Cost Method)							
22071676 JNJ							
	200.00	04/07/2006	01/06/2010	12,891.86	11,731.73	1,160.13	Long
Long Total	200.00	04/07/2006	01/06/2010	\$ 12,891.86	\$ 11,731.73	\$ 1,160.13	Long
	125.00	04/07/2006	01/06/2010	8,057.42	7,332.33	725.09	Long
Long Total	125.00	04/07/2006	01/06/2010	\$ 8,057.42	\$ 7,332.33	\$ 725.09	Long
	100.00	04/07/2006	01/06/2010	6,445.95	5,865.86	580.09	Long
Long Total	100.00	04/07/2006	01/06/2010	\$ 6,445.95	\$ 5,865.86	\$ 580.09	Long
Asset Total	425.00	04/07/2006	01/06/2010	\$ 27,395.23	\$ 24,929.92		
				Long Term Gain/Loss	\$	2,465.31	
Legg Mason (Avg Cost Method)							
22071676 LM							
	250.00	08/24/2007	01/06/2010	7,679.80	22,414.56	-14,734.76	Long
Long Total	250.00	08/24/2007	01/06/2010	\$ 7,679.80	\$ 22,414.56	\$ -14,734.76	Long
Asset Total	250.00	08/24/2007	01/06/2010	\$ 7,679.80	\$ 22,414.56		
				Long Term Gain/Loss	\$	-14,734.76	
National Oilwell Inc (Avg Cost Method)							
22071676 NOV							
	100.00	01/05/2007	01/06/2010	4,750.99	2,850.34	1,900.65	Long
Long Total	100.00	01/05/2007	01/06/2010	\$ 4,750.99	\$ 2,850.34	\$ 1,900.65	Long
	100.00	01/05/2007	01/06/2010	4,750.87	2,850.33	1,900.54	Long
Long Total	100.00	01/05/2007	01/06/2010	\$ 4,750.87	\$ 2,850.33	\$ 1,900.54	Long
Asset Total	200.00	01/05/2007	01/06/2010	\$ 9,501.86	\$ 5,700.67		
				Long Term Gain/Loss	\$	3,801.19	
Pimco Low Duration Fund CL D (Avg Cost Method)							
22071676 PLDDX							
	890.15	01/11/2010	08/30/2010	9,400.00	9,221.97	178.03	Short
Short Total	890.15	01/11/2010	08/30/2010	\$ 9,400.00	\$ 9,221.97	\$ 178.03	Short

NOTE: Taxation of bonds in portfolio should be reviewed by tax professional. Cost basis and associated gains or losses reported by client to SWMG remains the responsibility of client and their tax professional to assure accuracy. Capital Loss Harvesting Note: The realization of capital losses may be limited by wash sale rules. These rules require coordination of all your holdings, whether they be in your company 401k, in accounts you privately manage or in accounts that are managed by Strategic Wealth Management LLC. These rules can be complicated and it is recommended that you work with your tax preparer to ensure that you will be able to benefit from any capital losses generated from these trades.

Warren Lodge No. 51 A.F. & A.M. Capital Gain/Loss Report

For the Period 01/01/2010 to 12/31/2010

(Continued)

	Units	Date Acquired	Date Disposed	Disposed Amount	Basis	Gain/Loss	Holding Period
Asset Total	890.15	01/11/2010	08/30/2010	\$ 9,400.00	\$ 9,221.97		
						Short Term Gain/Loss \$ 178.03	
Rainier Mid Cap Equity (Avg Cost Method) 22071676 RIMMX							
	39.14	01/11/2010	12/01/2010	1,500.00	1,269.44	230.56	Short
Short Total	39.14	01/11/2010	12/01/2010	\$ 1,500.00	\$ 1,269.44	\$ 230.56	Short
Asset Total	39.14	01/11/2010	12/01/2010	\$ 1,500.00	\$ 1,269.44		
						Short Term Gain/Loss \$ 230.56	
SPDR KBW Bank ETF (Avg Cost Method) 22071676 KBE							
	200.00	08/20/2008	01/06/2010	4,500.28	6,055.29	-1,555.01	Long
Long Total	200.00	08/20/2008	01/06/2010	\$ 4,500.28	\$ 6,055.29	\$ -1,555.01	Long
	200.00	08/20/2008	01/06/2010	4,500.08	6,055.29	-1,555.21	Long
Long Total	200.00	08/20/2008	01/06/2010	\$ 4,500.08	\$ 6,055.29	\$ -1,555.21	Long
	200.00	08/20/2008	01/06/2010	4,500.08	6,055.28	-1,555.20	Long
Long Total	200.00	08/20/2008	01/06/2010	\$ 4,500.08	\$ 6,055.28	\$ -1,555.20	Long
Asset Total	600.00	08/20/2008	01/06/2010	\$ 13,500.44	\$ 18,165.86		
						Long Term Gain/Loss \$ -4,665.42	
Texas Instruments Inc. (Avg Cost Method) 22071676 TXN							
	200.00	06/18/2004	01/06/2010	5,131.86	4,697.87	433.99	Long
Long Total	200.00	06/18/2004	01/06/2010	\$ 5,131.86	\$ 4,697.87	\$ 433.99	Long
	100.00	06/18/2004	01/06/2010	2,565.93	2,348.94	216.99	Long
Long Total	100.00	06/18/2004	01/06/2010	\$ 2,565.93	\$ 2,348.94	\$ 216.99	Long
	100.00	06/18/2004	01/06/2010	2,565.93	2,348.94	216.99	Long
Long Total	100.00	06/18/2004	01/06/2010	\$ 2,565.93	\$ 2,348.94	\$ 216.99	Long
	100.00	06/18/2004	01/06/2010	2,565.93	2,348.93	217.00	Long
Long Total	100.00	06/18/2004	01/06/2010	\$ 2,565.93	\$ 2,348.93	\$ 217.00	Long

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Warren Lodge No. 51 A.F. & A.M. Capital Gain/Loss Report

For the Period 01/01/2010 to 12/31/2010

(Continued)

	Units	Date Acquired	Date Disposed	Disposed Amount	Basis	Gain/Loss	Holding Period
Asset Total	500.00	06/18/2004	01/06/2010	\$ 12,829.65	\$ 11,744.68		
					Long Term Gain/Loss	\$ 1,084.97	
Thornburg Int Val Fd A (Avg Cost Method)							
22071676 TGVAX							
	984.92	01/31/2008	01/06/2010	24,948.05	30,168.11	-5,220.06	Long
Long Total	984.92	01/31/2008	01/06/2010	\$ 24,948.05	\$ 30,168.11	\$ -5,220.06	Long
Asset Total	984.92	01/31/2008	01/06/2010	\$ 24,948.05	\$ 30,168.11		
					Long Term Gain/Loss	\$ -5,220.06	
Owner Subtotal				\$ 467,503.71	\$ 437,660.94		
					Short Term Gain/Loss	\$ 11,771.66	
					Long Term Gain/Loss	\$ 13,677.43	
Owner Total				\$ 467,503.71	\$ 437,660.94		
					Short Term Gain/Loss	\$ 11,771.66	
					Long Term Gain/Loss	\$ 13,677.43	

Warren Lodge #51 Fixed Account Portfolio C3 Owncat ASSC

Discover Bank NA 2/22/10 5.2% (Avg Cost Method)

58586454 25467RFU2

	20,000.00	02/21/2007	02/22/2010	20,000.00	20,000.00	0.00	Long
Long Total	20,000.00	02/21/2007	02/22/2010	\$ 20,000.00	\$ 20,000.00	\$ 0.00	Long
Asset Total	20,000.00	02/21/2007	02/22/2010	\$ 20,000.00	\$ 20,000.00		

Eastern Savings 11/23/10 4.85% (Avg Cost Method)

58586454 27689NDG2

	25,000.00	11/17/2005	11/23/2010	25,000.00	25,000.00	0.00	Long
Long Total	25,000.00	11/17/2005	11/23/2010	\$ 25,000.00	\$ 25,000.00	\$ 0.00	Long
Asset Total	25,000.00	11/17/2005	11/23/2010	\$ 25,000.00	\$ 25,000.00		

Flagstar Bank 10/04/10 4.25% (Avg Cost Method)

58586454 33847EE37

	31,000.00	09/25/2008	10/04/2010	31,000.00	31,000.00	0.00	Long
Long Total	31,000.00	09/25/2008	10/04/2010	\$ 31,000.00	\$ 31,000.00	\$ 0.00	Long

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Warren Lodge No. 51 A.F. & A.M. Capital Gain/Loss Report For the Period 01/01/2010 to 12/31/2010

(Continued)

	Units	Date Acquired	Date Disposed	Disposed Amount	Basis	Gain/Loss	Holding Period
Asset Total	31,000.00	09/25/2008	10/04/2010	\$ 31,000.00	\$ 31,000.00		
Washington MU BK 8/30/10 5.05% (Avg Cost Method)							
58586454 939369UA0							
	16,000.00	08/22/2006	08/30/2010	16,000.00	16,000.00	0.00	Long
Long Total	16,000.00	08/22/2006	08/30/2010	\$ 16,000.00	\$ 16,000.00	\$ 0.00	Long
Asset Total	16,000.00	08/22/2006	08/30/2010	\$ 16,000.00	\$ 16,000.00		
Owner Subtotal				\$ 92,000.00	\$ 92,000.00		
Owner Total				\$ 92,000.00	\$ 92,000.00		

Warren Lodge #51 John Marks Fund Portfolio C4 Owncat ASSC

Pimco Low Duration Fund CL D (Avg Cost Method)

74738654 PLDDX

	94.69	01/06/2010	08/30/2010	1,000.00	978.22	21.78	Short
Short Total	94.69	01/06/2010	08/30/2010	\$ 1,000.00	\$ 978.22	\$ 21.78	Short
Asset Total	94.69	01/06/2010	08/30/2010	\$ 1,000.00	\$ 978.22		
				Short Term Gain/Loss	\$	21.78	
Owner Subtotal				\$ 1,000.00	\$ 978.22		
				Short Term Gain/Loss	\$	21.78	
Owner Total				\$ 1,000.00	\$ 978.22		
				Short Term Gain/Loss	\$	21.78	
Client Total				503.71	\$ 545,639.16		
				Short Term Gain/Loss	\$	11,793.44	
				Long Term Gain/Loss	\$	13,677.43	

40,400 32
 Split with
 Portfolio FD
 Split Short/LONG

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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

WARREN LODGE #51

ANCIENT FREE&ACCEPTED MASONS OF MD

Employer identification number

52-0226286

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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. Part II

can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2** Enter total number of section 501(c)(3) and government organizations

- 3** Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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.
Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	CHARITY	7	640			
2	WORTHY CHARITY	26	21,075			
3	SEE ATTACHED LIST					
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

**SCHEDULE I PART III
CHARITY**

<u>CHECK #</u>	<u>DATE</u>	<u>AMOUNT</u>	<u>RECIPIENT</u>
3160	1/12/10	\$ 40.00	Job's Daughters
3195	4/27/10	75.00	Maryland De Molay
3221	6/28/10	100.00	Sheila Davis Fund
3246	10/26/10	225.00	Lumda Laird
3277	11/18/10	100.00	Muscular Dystrophy
3283	11/23/10	60.00	Grand Assembly of MD
3289	12/14/10	<u>40.00</u>	Job's Daughters
TOTAL		\$640.00	

**SCHEDULE I PART III
WORTHY CHARITY 2010 CHECKS DISTRIBUTED**

<i>Recipient</i>	<i>Amount</i>	<i>Check#</i>	<i>Date</i>	<i>Recipient</i>	<i>Amount</i>	<i>Check#</i>	<i>Date</i>
Banquet				Abrianna Adler	\$1,000.00	3260	11/3/2010
Atlantic Caterers	\$2,258.16	3276	11/9/2010	Amber Kobal	\$1,000.00	3261	11/3/2010
Banquet	\$2,258.16			Amy L. Andresky	\$1,000.00	3262	11/3/2010
General				Becky Booker	\$1,000.00	3263	11/3/2010
MSA Hospitable Visitation Program	\$1,000.00	3258	11/3/2010	Collin Dixon	\$1,000.00	3264	11/3/2010
General	\$1,000.00			Heather Dawn Hansen	\$1,000.00	3265	11/3/2010
Guest				Heather Lawson	\$1,000.00	3266	11/3/2010
Cal Ripken Sr. Foundation	\$1,000.00	3259	11/3/2010	Jasmine Thomas	\$1,000.00	3267	11/3/2010
Guest	\$1,000.00			Jonathan S. Barkley	\$1,000.00	3268	11/3/2010
Masonic				Kenneth Tamres	\$1,000.00	3269	11/3/2010
Demolay	\$75.00	3250	11/3/2010	Lauren Lawson	\$1,000.00	3270	11/3/2010
Grand Lodge Child Identification Program	\$250.00	3251	11/3/2010	Matthew Lewis Davis	\$1,000.00	3271	11/3/2010
Hilgenburg Hearing Center	\$500.00	3252	11/3/2010	Ryan D. Bandell	\$1,000.00	3272	11/3/2010
Job's Daughters, Bethel #36	\$250.00	3253	11/3/2010	Ryan Thompson	\$1,000.00	3273	11/3/2010
Maryland Masonic Home	\$1,000.00	3254	11/3/2010	William Pyles	\$1,000.00	3274	11/3/2010
Masonic Charities	\$500.00	3255	11/3/2010				
Masonic Charities - Banquet	\$250.00	3256	11/3/2010				
Scottish Rite Temple Fund	\$250.00	3257	11/3/2010	Scholarship	\$15,000.00		
Masonic	\$3,075.00			Youth			
Scholarship				Baltimore Area Council - Boy Scouts of America	\$1,000.00	3275	11/3/2010
				Youth	\$1,000.00		

Total Committed= \$23,333.16
 BANQUET (X) (2258.16)
 21075.00

February 9, 2011 5:43 PM

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

WARREN LODGE #51**ANCIENT FREE&ACCEPTED MASONS OF MD**

Employer identification number

52-0226286**FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS****GRANTS AND ALLOCATIONS****FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990****NO REVIEW WAS OR WILL BE CONDUCTED.****FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION****NO DOCUMENTS AVAILABLE TO THE PUBLIC**

FYE: 12/31/2010

SUNTRUST BANK

<u>Description</u>	<u>Amount</u>
SUN TRUST CHECKING	\$ <u>9,987</u>
TOTAL	\$ <u><u>9,987</u></u>

Form **8868**
(Rev. January 2011)**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☐
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete ☐

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print File by the due date for filing your return. See instructions	Name of exempt organization WARREN LODGE #51 ANCIENT FREE&ACCEPTED MASONS OF MD	Employer identification number 52-0226286
	Number, street, and room or suite no. If a P O box, see instructions 304 INTERNATIONAL CIRCLE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions BALTIMORE MD 21030-1300	

Enter the Return code for the return that this application is for (file a separate application for each return) ☐

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ►
Telephone No. ► FAX No. ► ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until _____, to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ► ☐ calendar year _____ or
 ► ☐ tax year beginning _____, and ending _____

- 2** 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 application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
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	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

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