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Form **990-EZ**Department of the Treasury
Internal Revenue Service

Short Form

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)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 4/01, 2010, and ending 3/31, 2011

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C **FREE & ACCEPTED MASONS OF VERMONT**
8 MOUNT VERNON LODGE
P O BOX 796
MORRISVILLE, VT 05661-0796

D Employer identification number
03-6008360

E Telephone number

F Group Exemption Number 0147

G Accounting Method ☐ Cash ☒ Accrual Other (specify) _____

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (ck only one) — ☐ 501(c)(3) ☒ 501(c) (10) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 43,066.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I ☒

1	Contributions, gifts, grants, and similar amounts received	1	800.
2	Program service revenue including government fees and contracts	2	2,910.
3	Membership dues and assessments	3	
4	Investment income	4	36,056.
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	3,300.
c	Less direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3,300.
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	43,066.
10	Grants and similar amounts paid (list in Schedule O)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	3,317.
14	Occupancy, rent, utilities, and maintenance	14	21,022.
15	Printing, publications, postage, and shipping	15	264.
16	Other expenses (describe in Schedule O)	16	8,524.
17	Total expenses. Add lines 10 through 16	17	33,127.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,939.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	150,315.
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	160,254.

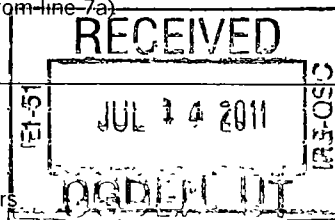
BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

SCANNED JUL 19 2011

EXPENSES

ASSETS



See Schedule O

94

X

	X
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X

Part V Other Information (Note the statement requirements in the instructions for Part V.) See Schedule O

Check if the organization used Schedule O to respond to any question in this Part V

☒

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O	33	X
34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year (see instructions)?	35b	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.		
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38b N/A	
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A , section 4912 N/A , section 4955 N/A		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b	
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed None		

42a The organization's books are in care of **FRANCIS WELCH** Telephone no **05661**
 Located at **PORTLAND STREET MORRISVILLE VT** ZIP + 4 **05661**

	Yes	No
b 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)? If 'Yes,' enter the name of the foreign country	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country	42c	X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43	☐ N/A
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44a X
b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44b X
c Did the organization receive any payments for indoor tanning services during the year?	44c X
d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	44d

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

	Yes	No
45		X
45a		X
46		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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

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 Carrie M. Lambert, TreasurerDate 7/10/11

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Carrie M. Lambert, CPA

Preparer's signature

Carrie M. Lambert, CPA

Date

6/8/11

Check ☐ if self employed

PTIN N/A

Firm's name CARRIE LAMBERT & ASSOCIATES, INC.Firm's address P.O. BOX 417
MORRISVILLE, VT 05661Firm's EIN N/A

Phone no (802) 888-7611

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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

2010

**Open to Public
Inspection**

Name of the organization **FREE & ACCEPTED MASONS OF VERMONT**
8 MOUNT VERNON LODGE

Employer identification number
03-6008360

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Support and petition for Charitable Organizations.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or
indirectly, to pay premiums on a personal benefit contract? **No**

(b) Did the organization, during the year, pay premiums, directly or
indirectly, on a personal benefit contract? **No**

FREE & ACCEPTED MASONS OF VERMONT
8 MOUNT VERNON LODGE

03-6008360

Form 990-EZ, Part I, Line 16
Other Expenses

Conferences, Conventions, and Meetings	\$	204.
DONATIONS, LOCAL CHARITIES		2,285.
DUES		1,630.
Insurance		2,909.
MISCELLANEOUS		1.
Office Expenses		42.
SCHOLARSHIPS		500.
SUPPLIES		953.
Total	\$	<u>8,524.</u>

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Furniture and Fixtures	\$ 10.	\$ 10.
SECURITY DEPOSIT ACCOUNT	3,511.	2,418.
Total	\$ <u>3,521.</u>	\$ <u>2,428.</u>

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
SECURITY DEPOSIT	\$ 3,400.	\$ 2,300.
Total	\$ <u>3,400.</u>	\$ <u>2,300.</u>

Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
ALLEN NEWTON PO BOX 796 MORRISVILLE, VT 05661	2.00	\$ 0.	\$ 0.	\$ 0.
ADAM WESOLOW P O BOX 796 MORRISVILLE, VT 05661	0	0.	0.	0.
ROBERT LENCKE PO BOX 796 MORRISVILLE, VT 05661	0	0.	0.	0.
EVERETT DICKINSON P O BOX 796 MORRISVILLE, VT 05661	0	0.	0.	0.

FREE & ACCEPTED MASONS OF VERMONT
8 MOUNT VERNON LODGE

03-6008360

Form 990-EZ, Part IV (continued)

List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
FRANCIS WELCH P O BOX 796 MORRISVILLE, VT 05661	2.00	\$ 0.	\$ 0.	\$ 0.
MALCOLM TEALE P O BOX 796 MORRISVILLE, VT 05661	0	0.	0.	0.
DAVID MCALLISTER P O BOX 796 MORRISVILLE, VT 05661	0	0.	0.	0.
MATTHEW REED P O BOX 796 MORRISVILLE, VT 05661	0	0.	0.	0.
ROLAND BILLINGS P O BOX 796 MORRISVILLE, VT 05661	0	0.	0.	0.
EMIL SWIFT P O BOX 796 MORRISVILLE, VT 05661	0	0.	0.	0.
HAROLD BAILEY P O BOX 796 MORRISVILLE, VT 05661	0	0.	0.	0.
MARC NEWTON P O BOX 796 MORRISVILLE, VT 05661	0	0.	0.	0.
KEVIN NEWTON P O BOX 796 MORRISVILLE, VT 05661	0	0.	0.	0.
Total		\$ 0.	\$ 0.	\$ 0.