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B9021 04/20/2012 3 15 PM 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

2010 Open to Public Inspection

<u>A</u>	For the	2010 cal	endar year, or tax year beginning $12/01/10$ , and ending $11/30/13$	L		
В	Check if app	plicable	C Name of organization		D Employ	er identification number
	Address ch	nange	SEQUIN LODGE # 140 AF & AM			
	Name chan	nge	Doing Business As		23-7	144282
$\bar{\sqcap}$	Initial return	n	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephor	ne number
Ħ	Terminated		80 WALSH AVENUE			
ᆷ			City or town, state or country, and ZIP + 4			207 527
님	Amended re	return	NEWINGTON CT 06111	T	G Gross receipt	
Ш	Application	pending	F Name and address of principal officer	H(a) Is this a g	roup return for affi	liates? Yes X No
				H(b) Are all a	iffiliates include	ed? Yes No
				If "No	o," attach a list	(see instructions)
1	Tax-exer	mpt statu	s 501(c)(3) <b>X</b> 501(c) ( <b>10</b> ) ◀ (insert no ) 4947(a)(1) or 527	1		
J	Website	e ► N	<del>,</del>	H(c) Group e	xemption num	ber <b>&gt;</b>
K	Form of or	ganization	X Corporation Trust Association Other ► L Y	ear of formation	N	State of legal domicile
	art I	Sı	immary			
	1 B		escribe the organization's mission or most significant activities			
9		FRAT	ERNAL ORGANIZATION RECEIVED	70		
nau				OSO		
Governance			is box ▶ ☐ if the organization discontinued its operations organization discontinued its operations organization discontinued its operations or organization discontinued its operations of the control			
ဖိ				% of its net ass		9
රේ ග	3 N 4 N	lumber (	of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line DEN, U)	-	<u> </u>	9
Activities	5 T	otal nun	nber of individuals employed in calendar year 2010 (Part V, line 2a)	الهجمعم	5	
ţ			nber of volunteers (estimate if necessary)		6	
⋖	1		elated business revenue from Part VIII, column (C), line 12		7a	
	b N	let unrel	ated business taxable income from Form 990-T, line 34		7b	0
			-	Prior Yea		Current Year
ф	1		ions and grants (Part VIII, line 1h)		6,170	3,280
Revenue	1	-	service revenue (Part VIII, line 2g)		5,165 2,491	26,580 31,701
Ş			int income (Part VIII, column (A), lines 3, 4, and 7d)		5,150	16,006
			renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,976	77,567
_			nd similar amounts paid (Part IX, column (A), lines 1–3)		0,0,0	.,,,,,,,
			paid to or for members (Part IX, column (A), line 4)		<del></del>	
s	1 45 6		other compensation, employee benefits (Part IX, column (A), lines 5–10)			
benses	16aP		onal fundraising fees (Part IX, column (A), line 11e)			
be e	ьт		draising expenses (Part IX, column (D), line 25) ▶			
ă	17 0	Other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24f)		2,704	87,403
	18 T	otal exp	enses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,704	87,403
, <u></u>	19 R	Revenue	less expenses Subtract line 18 from line 12		3,728	-9,836
ુક }ું કુ	20 T	otal acc	ote (Part V. line 16)	Beginning of Cur	9,594	End of Year 549,758
ASS(C	20 T		ets (Part X, line 16)		0	0
Net Assets or	22 N		ts or fund balances Subtract line 21 from line 20	55	9,594	549,758
	Part II		gnature Block			
		alties of p	perjury, I declare that I have examined this return, including accompanying schedules and statements,		f my knowledge	e and belief, it is
tr	rue, correc	ct, and co	implete Declaration of preparer (other than officer) is based on all information of which preparer has a	iny knowledge		
4	1		Josep Charles		4/	-23-12
	gn	/ s	Signature of officer		Date	
He	ere		/reasule/			
_		<del></del>	ype or print name and title	B-4-	051	- A DTIN
Pai	id İ	1	Preparer's signature  Kallouine C. Spoine C.	Date	Check Check	of PTIN
_	parer		DAVITO MAGGOTA & DIVITATION TO	<del></del>	Firm's EIN	10yed P00504252 41-2072419
	e Only	Firm's n	1062 BARNES RD., STE 203	<del></del>	nino EIN F	
		Firm's a	ddress WALLINGFORD, CT 06492-2576		Phone no	203-265-0488
Ma	y the IRS		es this return with the preparer shown above? (see instructions)			Yes No
Fo	r Paperv		duction Act Notice see the separate instructions	ALL DIL	γ Λ τ	Form <b>990</b> (2010)
DA	^				<b>VA</b> VL	, (

		tatement of Program Servi		/144282	Page Z
	C	heck if Schedule O contain	s a response to any question in this	Part III	П_
		ribe the organization's mission AL ORGANIZATION			
2	Did the orga	anization undertake any significant p	program services during the year which were no	t listed on the	
		990 or 990-EZ? scribe these new services on Sched	lule O		Yes X No
3	services?		e significant changes in how it conducts, any pr	ogram	Yes X No
4	Describe the 501(c)(3) ar		reach of the organization's three largest progra on 4947(a)(1) trusts are required to report the a		
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4h	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	
75	(Coue	) (Expenses \$	moduling grants of \$	, (Novellae o	,
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
			,		
4d	Other progra (Expenses	am services (Describe in Schedule	•	Revenue \$	)
4ө		am service expenses ▶			
DAA					Form <b>990</b> (2010)

## 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,"			x
2	complete Schedule A	1 2		$\frac{\mathbf{x}}{\mathbf{x}}$
3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)  Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-		
3	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, or have a section 501(h)	-		
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
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,		ļ	
	Part III	5	l	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	6	1	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,"			_ <del></del> _
•	complete Schedule D, Part III	8	1	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	-		
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9	l	x
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-	-		_==_
•	endowments? If "Yes," complete Schedule D, Part V	10	ŀ	x
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	<del>'</del>		
•	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1	İ	
u	complete Schedule D, Part VI	11a	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	11ь		X
С	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	11c		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	11d	ŀ	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		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	12a		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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		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	15		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	16		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)	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		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
þ	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)	20b		L
		_	000	

#### Form 990 (2010) SEQUIN LODGE # 140 AF & AM 23-7144282 Page 4 Checklist of Required Schedules (continued) Yes No 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 1? 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 United States 22 Х on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 26 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 If "Yes," complete Schedule L. Part III 27 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) Х A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х 28b Schedule L. Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X 32 complete Schedule N. Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 X IV, and V, line 1 34 X 35 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 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, Yes X No

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

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

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

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

X Form 990 (2010)

X

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Part V. line 2

Part VI

DAA

га	Check if Schedule O contains a response to any question in this Part V			
	Officer if Conedule C contains a response to any question in this tart v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		X
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
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			ĺ
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			x
	account)?	4a		
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	50		x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c	-	<u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
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
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
ь	gifts were not tax deductible?	6ь		
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		<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u></u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<del></del>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<del> </del>
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		<del>                                     </del>
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the organization make any taxable distributions under section 4966?  Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<del>                                     </del>
b 40	Section 501(c)(7) organizations. Enter			1
10	Initiation fees and capital contributions included on Part VIII, line 12			
a 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			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them )			
12a	4 50 E 000 1 4 Ferra 40440	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<b></b>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	<del> </del>
	Note. See the instructions for additional information the organization must report on Schedule O			
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			
C	Enter the amount of reserves on hand	<del></del>	-	+
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\vdash$	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	. 004	
DAA		Forn	n ラゴ(	(2010) تعد

Form 990 (2010) SEQUIN LODGE # 140 AF & AM 23-7144282 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 See instructions. Check if Schedule O contains a response to any question in this Part VI  $\mathbf{X}$ Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 9 Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X R Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members X of the governing body? 7a 7b X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b 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 Х 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? 10a X b If "Yes," does the organization have written policies and procedures governing the activities of such 10b 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 Х 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give X rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 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? X The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b 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 X with a taxable entity during the year? 16a 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure NONE 17 List the states with which a copy of this Form 990 is required to be filed 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 > JOESPH PASSARELLI 61 LOWE AVENUE CT 06450 860-666-9149 MERIDEN

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 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

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

(A) Name and Title	(B) Average	Pos	(C) Position (check all that apple				ıly)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	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
(1) CLIFFORD STAMM							$\neg$			
TRUSTEE	0.00	X		<u> </u>	<u> </u>		_	0	0	0
(2) EDWARD GELLER							]			_
TRUSTEE	0.00	X	ļ	<u> </u>			ᆜ	0	0	0
	ĮI							_		
TRUSTEE	0.00	X	<u> </u>	<u> </u>		<b> </b>  _	$\dashv$	0	0	0
(4) CHUCK LANDAU		1					ļ	_		
MASTER	0.00	<u> </u>	ļ	X			_	0	0	0
(5) STEVE GORMAN	1							_	_	
SECRETARY	0.00	_		X		$\vdash$	_	0	0	0
(6) JIM BAILEY								_		
FINANAL SECR	0.00	-	ļ	X	_	$\perp \perp$	$\dashv$	0	0	0
(7) JOSEPH PASSARELI								_		
TREASURER	0.00	<u> </u>		X	<u> </u>	╁╌┼	4	0	0	0
(8)										
(9)							$\exists$			
(10)				_			7	- <u>.</u>		
(11)							$\dashv$			
(12)							$\dashv$			
(13)			<del>                                     </del>		-		7			-
(14)		<del> </del> -					$\dashv$			
(15)										
(16)		-		<u> </u>	-		+			
DAA	<u> </u>			L					L	Form <b>990</b> (2010)

Pa	rt VII Section A. Officers	, Directors, Trus	stees	s, Ke	y Er	nplo	yees	s, ar	nd Highest Compensated	Employees (continued)			
	(A) Name and Title	(B) Average	Average Position (check all that app						(D) Reportable compensation	(E) Reportable compensation from		(F) timated	
		week (describe hours for related organizations in Schedule O)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com fro orga	other pensation the anizatio f related	on n i
(17)													
(18)			_			-							
(19)					<b></b> .								
(20)			_	-									
(21)													
(22)		-	-				_						
(23)												<u> </u>	
(24)							-						
(25)			-										
(26)													
(27)		!						ļ					
(28)				i									
1b	Sub-total	- An An Bratavill C		l		L		<b>&gt;</b>					
c d	Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	ectic	ЭΠΑ				•			<u> </u>		
2	Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	re) who received more than	\$100,000 in			
3	Did the organization list any fo				ruste	e. k	ev e	olam	ovee, or highest compensa	ted		Ye	
4	employee on line 1a? If "Yes," For any individual listed on lin organization and related organ	" complete Schede 1a, is the sum	dule of re	J for	suc able	h ind com	dividu ipens	ial satio	on and other compensation	from the		3	X
5	individual  Did any person listed on line for services rendered to the or									rındıvıdual		5	X X
Sec	ction B. Independent Contract		<del>C</del> S,	COII	piete	300	neuu	ie J	Tor such person			<u> </u>	
1	Complete this table for your fi compensation from the organ	ve highest comp	ensa	ited	ınde	end	lent (	cont					
	Name and	(A) d business address			_				Descrip	(B) tion of services		Compe	nsation
								_	<u></u>				
								<u> </u>					
<u>.</u>								igspace					<del></del>
	Table							<u> </u>					
2	Total number of independent received more than \$100,000								ese listed above) who	0			00 :-
DAA											ŀ	Form 9	90 (2010)

Form 990 (2010) SEQUIN LODGE # 140 AF & AM

Pa	rt VI	Statement of Revenue 1	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
សិស	1a	Federated campaigns	1a						
E		Membership dues	1b						
g,E		Fundraising events	1c						
ifts		Related organizations	1d						
S,E		Government grants (contributions)	1e		-				
Sign		All other contributions, gifts, grants,	<del>- '*  </del>						
調		and similar amounts not included above	1f		3,280				
d i	_	Noncash contributions included in lines 1a-							
Se	_	Total. Add lines 1a–1f	`	•	▶ 1	3,280			
Program Service Revenue Contributions, gifts, grants					Busn. Code				
ē	2a	MEMBERSHIP DUES				26,580	26,580		<del></del>
8	b								
<u>.</u>	С								
Ser	d								
E	е								
gi	f	All other program service reve	nue						<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
ے	g	Total. Add lines 2a-2f	· -			26,580			
	3	Investment income (including	ids, intere	st,					
		and other similar amounts)				29,801	29,801		
	4	Income from investment of tax	-exem	pt bond p	roceeds 🕨				
	5	Royalties			<b>•</b>				
		(ı) Real		(II) P	ersonal				
	6a	Gross Rents							
	b	Less rental exps		_					
	С	Rental inc or (loss)							
- 1		7a Gross amount from (i) Securities (ii)			<u> </u>				
	/a				Other				
		other than inventory 311	,870						
	b	Less cost or other							
			970						
		<del></del>	,900	L					
		Net gain or (loss)				1,900	1,900		
en	8a	Gross income from fundraising eve	ents						
enr		(not including \$							
Other Reven		of contributions reported on line 1c	)						
erF		See Part IV, line 18	а						
£		Less direct expenses	b						
_		Net income or (loss) from fund		events	<u> </u>				
	9a	Gross income from gaming activities							
		See Part IV, line 19	a ·						
		Less direct expenses	ь						
		Net income or (loss) from gan		tivities	<u> </u>				
	10a	Gross sales of inventory, less							
		returns and allowances	a				1. manaan 1	** ** * * * * * *	
		Less cost of goods sold	b		<b>•</b>	1			
	<u>c</u>	Net income or (loss) from sale		ventory	Busn. Code			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	
	44.	Miscellaneous Revenu			Dusii. Code	16,006	16,006		
	11a	OTHER REVENUE				10,000	10,000		
	b				<u> </u>				
	ر د	All other revenue			<del></del>				
	d e	Total. Add lines 11a-11d			<b></b>	16,006			
	12		ns		•	77,567	***************************************	0	0

#### 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)

		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising expenses
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	ехрензез
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)				<del></del>
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		<u></u>		
С	Accounting	1,075		1,075	
d	Lobbying				
0	Professional fundraising services See Part IV, line 17				
f	Investment management fees				<del></del>
g	Other				
12	Advertising and promotion				
13	Office expenses	1,584		1,584	
14	Information technology				<del></del>
15	Royalties		, p		
16	Occupancy	47,837	<u> </u>	47,837	<del></del>
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,284		2,284	
20	Interest				
21	Payments to affiliates	14,165		14,165	
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)				·····
а	OTHER	11,677	<del></del>	11,677	
b	MISCELLANEOUS	3,461	-1	3,461	
C	OFFICE EXPENSE	1,590		1,590	
d	SUBSIDY	1,239		1,239	
е	COMMUNITY SPONSORSHIP	1,169		1,169	
f	All other expenses	1,322		1,322	
25	Total functional expenses. Add lines 1 through 24f	87,403	0	87,403	0
26	Joint costs. Check here ▶ ☐ 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				
	Sampaign and fullulaising solicitation			<u> </u>	

Part X	Balance Sheet					
·				(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			29,924	1	26,642
2	Savings and temporary cash investments			6,505	2	24,728
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net				4	
5	Receivables from current and former officers, directors.	trustees, key				
ľ	employees, and highest compensated employees. Con	nplete Part II of				
Į	Schedule L				5	
6	Receivables from other disqualified persons (as defined	d under section				
	4958(f)(1)), persons described in section 4958(c)(3)(B),	and contributing	9			
	employers and sponsoring organizations of section 501	(c)(9) voluntary				
	employees' beneficiary organizations (see instructions)		[		6	
Assets	Notes and loans receivable, net		7			
8   8	Inventories for sale or use				8	
<b>∢</b>   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			
ь	Less accumulated depreciation	10b		123,496	10c	123,496
11	Investments—publicly traded securities			399,669	11	374,892
12	Investments—other securities See Part IV, line 11			12		
13	Investments—program-related See Part IV, line 11			13		
14	Intangible assets			14		
15	Other assets See Part IV, line 11	[		15		
16	Total assets. Add lines 1 through 15 (must equal line 3	4)		559,594	16	549,758
17	Accounts payable and accrued expenses			17		
18	Grants payable			18		
19	Deferred revenue			19		
20	Tax-exempt bond liabilities				20	
ပ္မွ 21	Escrow or custodial account liability Complete Part IV	of Schedule D	Ĺ		21	
Liabilities 21 22 22 22 22 22 22 22 22 22 22 22 22	Payables to current and former officers, directors, truste	ees, key				
<u></u>	employees, highest compensated employees, and disq	ualified persons	ļ			
ובֿ	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrelated thir	d parties	1		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			0	26	0
es	Organizations that follow SFAS 117, check here ▶	and complet	e			
은 [	lines 27 through 29, and lines 33 and 34.		ĺ			
E   27	Unrestricted net assets		Ļ		27	
28	Temporarily restricted net assets		[		28	<del></del>
29	Permanently restricted net assets	A-4-4		·	29	······································
리	Organizations that do not follow SFAS 117, check he	re ▶ X and	- 1			
5	complete lines 30 through 34.					
ပ္ည 30	Capital stock or trust principal, or current funds		1		30	
မ္ဟု   31	Paid-in or capital surplus, or land, building, or equipmen		Ļ		31	<del></del>
SE 32	Retained earnings, endowment, accumulated income, of	or other funds	Ĺ	559,594	32	549,758
Net Assets or Fund Balances 2 2 2 3 3 3 3 3 3 4 3 3 3 4 3 5 5 5 5 5 5 5 5	Total net assets or fund balances		ļ	559,594	33	549,758
Z 34	Total liabilities and net assets/fund balances			559,594	34	<u>549,758</u>

Forn	1 990 (2010) SEQUIN LODGE # 140 AF & AM 23-7144282		_	Pag	e 12			
Pá	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI				$\square$			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		77,				
2	Total expenses (must equal Part IX, column (A), line 25)	2		37,4 9,8				
3	Revenue less expenses Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	9,!	<u> 594</u>			
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	54	<u> 19, '</u>	7 <u>58</u>			
Pέ	art XII Financial Statements and Reporting				_			
	Check if Schedule O contains a response to any question in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in							
	Schedule O							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>			
b	Were the organization's financial statements audited by an independent accountant?		2b		Х			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		] }	J				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O							
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were							
	issued on a separate basis, consolidated basis, or both							
	Separate basis Consolidated basis 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?		3a					
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	<u> </u>	3b	i				
			Form	990	(2010)			

#### 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.

OMB No 1545-0047 2010

Open to Public Inspection

Name	e of the organization	Employe	Employer identification number				
	EQUIN LODGE # 140 AF & AM			144282			
Pa	organizations Maintaining Donor Advised Fu organization answered "Yes" to Form 990, Par	i <mark>nds or Other Similar Funds or A</mark> t IV, line 6.	ccount	ts. Complete if the			
		(a) Donor advised funds	(b)	Funds and other accounts			
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in writing that	at the assets held in donor advised					
	funds are the organization's property, subject to the organization's exc	lusive legal control?		Yes No			
6	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 don	or advisor, or for any other purpose					
	conferring impermissible private benefit?			Yes No			
_Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" to Forr	n 990, l	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization (check	k all that apply)					
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically imp	oortant lai	nd area			
	Protection of natural habitat	Preservation of a certified historic	structure	•			
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conse	rvation				
	easement on the last day of the tax year						
				Held at the End of the Tax Year			
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
	Number of conservation easements on a certified historic structure inc		2c				
d	Number of conservation easements included in (c) acquired after 8/17	706, and not on a					
	historic structure listed in the National Register		2d	<u> </u>			
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the organizat	tion during	g the			
	tax year ▶						
4	Number of states where property subject to conservation easement is						
5	Does the organization have a written policy regarding the periodic mor	nitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it holds?			Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	cing conservation easements during the y	ear				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing   \$\black\$\$	conservation easements during the year					
8	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)?			Yes No			
9	In Part XIV, describe how the organization reports conservation easer	nents in its revenue and expense statemer	nt, and				
	balance sheet, and include, if applicable, the text of the footnote to the			the			
	organization's accounting for conservation easements						
Pa	Organizations Maintaining Collections of Art Complete if the organization answered "Yes" to	, Historical Treasures, or Other 9 o Form 990, Part IV, line 8	Similar	Assets.			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement and l	palance s	heet			
	works of art, historical treasures, or other similar assets held for public						
	public service, provide, in Part XIV, the text of the footnote to its financial	cial statements that describes these items					
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	to report in its revenue statement and bala	nce shee	t			
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth-	erance 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		<b>&gt;</b>	· \$			
2	If the organization received or held works of art, historical treasures, of	r other similar assets for financial gain, pro	ovide the				
	following amounts required to be reported under SFAS 116 (ASC 958	) relating to these items					
а	Revenues included in Form 990, Part VIII, line 1		•	<b>\$</b>			
b	Assets included in Form 990, Part X			\$			
Earl	Panerwork Reduction Act Notice, see the Instructions for Form 990.			Schedule D (Form 990) 2010			

	dute D (Form 990) 2010 SEQUIN LOI					23-714			<del> </del>		age <b>2</b>
	rt III Organizations Maintaining								contin	ued)	
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other record	ds, ched	ck any of the foll	lowing that a	re a significan	t use of its	•			
а	Public exhibition	d 🗌	Loan o	or exchange pro	grams						
b	Scholarly research	е 🗌	Other								
С	Preservation for future generations										
4	Provide a description of the organization's colle	ections and explai	n how t	hey further the	organization'	s exempt purp	ose in Pai	rt			
5	During the year, did the organization solicit or r	racewa danations	of ort 1	nictorical traceiu	roe or other	cimilar					
3	assets to be sold to raise funds rather than to								☐ Y€	. [	No
Pa	rt IV Escrow and Custodial Arrai						es" to F	orm 9			
	line 9, or reported an amoun				inization a	noworda			00, . 0		
1a	Is the organization an agent, trustee, custodiar	or other interme	diary fo	r contributions o	or other asset	s not					
	included on Form 990, Part X?								Ye	s	No
b	If "Yes," explain the arrangement in Part XIV as	nd complete the f	ollowing	table							
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on For	m 990, Part X, line	e 21?						Ye	s	No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Comple	te if organiza	tion a	nswered "Ye	s" to Forn	n 990, Part	IV, line	10.		_	
	•	(a) Current yea		(b) Prior year			(d) Three y		(e) Fou	years	back
1a	Beginning of year balance									-	
	Contributions										
c	Net investment earnings, gains, and										
_	losses										
d	Grants or scholarships								******************************		
	Other expenditures for facilities and									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	programs										
f	Administrative expenses			•							~~~
	End of year balance			•					***************************************		
2	Provide the estimated percentage of the year	end balance held	as				<del> </del>				
а	Board designated or quasi-endowment ▶	%									
	Permanent endowment ▶ %										
	Term endowment ▶ %										
	Are there endowment funds not in the possess	ion of the organiz	ation th	at are held and	administered	d for the					
	organization by									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations!	isted as required	on Sch	edule R?					3b		
4	Describe in Part XIV the intended uses of the o										
Pa	rt VI Land, Buildings, and Equip		-		ne 10						
	Description of investment	(a) Cost or othe		(b) Cost or o		(c) Accur	nulated		(d) Book	value	
	,	(investmen	t)	(oth	er)	deprec	ation	l			
1a	Land	·····		1	23,496				1:	23,	496
	Buildings			<del> </del>							
	Leasehold improvements			<del> </del>							
	Equipment			1							
	Other										
	. Add lines 1a through 1e (Column (d) must eq	ual Form 990. Pa	rt X. co	lumn (B), line 10	D(c) )	<u> </u>		<u> </u>	1	23,	496
. 5001	The state of the state of the state of the state of			\-/-/, 1e	- \ - / / /			chedule			

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Schedule D (Form 990) 2010 SEQUIN LODGE # 140 A	F & AM	23-7144282	Page 3
Part VII Investments—Other Securities. See Form 99			
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
			<del></del>
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 9	90, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)			
(2)			
(3)			
(4)			
	-	<del>-</del>	
(5)			
(6)			
(7)		-	
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	· ]		
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		(b) Book v	alue
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	<del></del>		
(10)		<b>•</b>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 3	25		
	(b) Amount	<del>-</del>	
(1) Federal income taxes		4	
(2)		4	
(3)		-∤	
(4)			- **
(5)			
(6)			
(7)			
(8)			
(9)		7	
(10)	<u> </u>	1	
		╡	
(11)		┥	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )			
2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote	to the organization's financ	cial statements that reports the	
organization's liability for uncertain tax positions under FIN 48 (ASC 740)			

Sche	dule D (Form 990) 2010 SEQUIN LODGE # 140 AF & A		7144282	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form	990 to Audited Financi	ial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	<u>.</u>
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	<u> </u>
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 line		10	
Pa	at XII Reconciliation of Revenue per Audited Financial S	tatements With Revenu	ue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	<del>-</del> _
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
þ	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2е	
3	Subtract line 2e from line 1	f	3	<del>- , </del>
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		
þ	Other (Describe in Part XIV)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>)</u>	5	
Pa	rt XIII Reconciliation of Expenses per Audited Financial	Statements With Expen		
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	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	f I	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		
	Other (Describe in Part XIV)	4b		
	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8)	5	
Pa	ert XIV Supplemental Information			

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Part XIV Supplemental Information (continued)

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.

2010
Open to Public Inspection

Name of the organization

SEQUIN LODGE # 140 AF & AM

Employer identification number 23 - 7144282

FORM 990, PART VI, LINE 11B - 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.