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#### Form

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No 1545-0047

Department of the Tasasury Internal Revenue Sec

▶ Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.usc.gov/form990

Open to Public inspection

	u	ide delvice	ation about 1 oilli s	ood and its instruction	is is at www.iis.gov	101111330.	
<u>A</u>	For th	e 2014 calendar year, or tax year beg	ginning	12-	01 , 2014, and en	ding	11-30 , 2015
В	Check if	applicable C Name of organization LE	D Employer identification no				
닏	Address	change Doing business as					23-7107699
<u> </u>	Name ci	nange Number and street (or P C	E Telephone number				
L L	nıtıal ret	urn PO BOX 207					(540)949-0781
_ ∐ ₁	inal ret	urn/terminated City or town, state or provi	ince, country, and ZIP or f	oreign postal code			52,372
_ □ ,	Amende	d return WAYNESBORO, VA	22980				G Gross receipts\$
	Applicati	on pending F Name and address of prin	cipal officer	<del> </del>			
						H(a) Is this a gro subordinate	oup return for Yes X No
1	ах-өхө	mpt status 501(c)(3) X 501(c) ( 1	.0 ) ◀ (insert no )	4947(a)(1) or	527	H(b) Are all sub-	pordinates included? Yes No
J_\	Vebsite	www.vamason.org/no20	9			H(c) Group exer	o," attach a list (see instructions) imption number 1866
K F	orm of	organization Corporation Trust X	Association Other	<b>&gt;</b>	L Year of formation 18	M State	of legal domicile VA
Pa	rt I	Summary					
	1	Briefly describe the organization's mis-	sion or most significa	int activities ENE	ANCES AND STREN	GTHENS THE CI	HARACTER OF THE
m		INDIVIDUAL MAN BY PROVIDING	G OPPORTUNITIES	FOR FELLOWSHIPS	, CHARITY, EDUC	ATION AND	
Activities & Governance		LEADERSHIP BASED ON THE TH	REE ANCIENT MAS	SONIC TENETS - BE	OTHERLY LOVE, R	ELIEF AND TRU	UTH.
Ē	1						
ove.	2	Check this box ▶ ☐ if the organizati	on discontinued its or	perations or disposed of	of more than 25% of its	net assets	
Ŏ	3	Number of voting members of the gov					3 211
Š	4	Number of independent voting member	ers of the governing t	oody (Part VI, line 1b)			4 0
įį	5	Total number of individuals employed					5 3
Ċţį	6	Total number of volunteers (estimate it	f necessary) .	· · · · · · · · · · · · · · ·			6 211
⋖	7a	Total unrelated business revenue from	Part VIII, column (C	),dine 12		[	7a 0
	1	Net unrelated business taxable income	•		VED		7b 0
					0	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line	∍1h)		2016	· · · · · · · · · · · · · · · · · · ·	12,984
ne	9	Program service revenue (Part VIII, lin		B DEC 23	2016 3		2,577 2,805
Revenue	10	Investment income (Part VIII, column (	0,		es l		560 64
Re Be	11	Other revenue (Part VIII, column (A), in	nes 5, 6d, 8c, 9c, 10r	cland 10 GDEN		34	35,021
	12	Total revenue - add lines 8 through 11					,188 50,874
	13	Grants and similar amounts paid (Part					5,445 5,277
	14	Benefits paid to or for members (Part II					1,440
	15	Salanes, other compensation, employe			-	1	.,440 0
Expenses	16a	Professional fundraising fees (Part IX,					0
ë	1	Total fundraising expenses (Part IX, co		<b>•</b>			
Ä	17	Other expenses (Part IX, column (A), I		e)		51	.,099 37,437
_	18	Total expenses Add lines 13-17 (mus		•			,984 44,154
	19	Revenue less expenses Subtract line	•		· · · · · · ·		(,796) 6,720
- s	1.5	Trevenue isoe expenses - cubitaet inte	TO HOLL MIC 12			eginning of Current	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)					,034 124,495
Ass.	21	Total liabilities (Part X, line 26)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Fig	22	Net assets or fund balances Subtract	line 21 from line 20		· · · · ·	117	,034 124,495
Par		Signature Block	inc 21 nom inc 20	<del> </del>			703.1
		of perjury, I declare that I have examined this re	turn including accompan	ying schedules and statemen	nts and to the best of my kr	nowledge and belief, it	l is
		d complete Declaration of preparer (other than o					
	j	WILLIAM T ELLISON JR	المحمد المحمد	T Killson	-1R.		1
Sign		Signature of officer	OVICEIDIAL	1,000001			Date , /
Here		WILLIAM T ELLISON JR,	さをごひだするひと				12/15/16
	}	Type or print name and title	, LCREIRKI	<del></del>			
		<u></u>	Produced a suspense	1 10	Date	Check X	ıf PTIN
Paid		Print/Type preparer's name  KIMBERLY L DEAN	Rufparer's signature	, L, K, (1)e	12-15-2016	-	
Prep	arer		Y L DEAN	7011	<del>.                                    </del>	self-employed	u   F01/30003
Use						Firm's EIN	
U3E	Uilly	<b>\</b>		7		Phone no	0-466-5170
Mayth	a IPS	discuss this return with the preparer sh	DRAFT VA 24477			34	0-466-3170 Yes X No
IVICIV III	ニュベン	oscuss inis ienini willi ine bienarer sn	ANNOT BUILDING (ISSEE 105				

	m 990 (2014) LEE LODGE AF & AM #209	23-7107699	Page 2
Pe	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	<u> </u>
1	Briefly describe the organization's mission		
	ENHANCES AND STRENGTHENS THE CHARACTER OF THE INDIVIDUAL MAN BY PROVIDING OPPORTUNITIES	FOR	
	FELLOWSHIPS, CHARITY, EDUCATION AND LEADERSHIP BASED ON THE THREE ANCIENT MASONIC TENETS	<u>-</u>	
	BROTHERLY LOVE, RELIEF AND TRUTH.		
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	x 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	Π.,	□
	services?	📙 Yes	X) NO
4	If "Yes," describe these changes on Schedule O		
~	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	the total expenses, and revenue, if any, for each program service reported		
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code ) (Expenses \$ 6,717 including grants of \$ 5,277 ) (Revenue	\$	11,553)
	DONATIONS IN THE AMOUNT OF \$4277 WERE GIVEN TO 19 ORGANIZATIONS THAT MET LEE LODGE MISSI	· — — — —	11,333 )
	A SCHOLARSHIP WAS GIVEN TO ONE INDIVIDUAL IN THE AMOUNT OF \$1000 THAT ALSO IS CONSISTENT		
	THE ORGANIZATIONS MISSIONS.		
	<del></del>		
		·	
4b	(Code ) (Expenses \$ including grants of \$ ) (Revenue	<u> </u>	<del></del>
	(codd) (Expenses #) (nevenue	·	
			<del></del>
4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$	
	, (and, (and, (and, (and, (and), (and))		
4d	Other program services (Describe in Schedule O )		
-∓U	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses 6,717 6,717		

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3-1	☆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	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	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,	1	1	
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			l
	Part III	_ 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	1		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	l l	1	ı
	"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,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? if "Yes," complete Schedule D, Part V	10	} }	Х
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	LONGE A. COMM.		T. D. S.
	complete Schedule D, Part VI	11a		Х
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	11b	)	Х
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		Х
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 167 If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	{	Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<del></del> -		<u> </u>
124		12a		Х
h	Schedule D, Parts XI and XII	120		
þ	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13		13		$\frac{x}{x}$
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a	<del>   </del>	<u>X</u>
		14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	446		Х
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		[	v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<del> </del>	<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40	}	v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<del>  </del>	X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			v
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18_		<u>X</u>
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		) i	37
	If "Yes," complete Schedule G, Part III	19	<b>├</b>	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Pa	元 .Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	]	)	]
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	ļ	X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	l		1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		1	}
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ļ		
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1	ŀ
	\$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 25a	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	ļ		
	to defease any tax-exempt bonds?	24c		
ď	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), 501(c)(4), and 501(c)(29) 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?	ļ		
	If "Yes," complete Schedule L, Part I	25b	Ļ	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		[ ,	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	L	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	1	}	
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		0.16	7.
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)		3	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	İ		
	Schedule L, Part IV	28b		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	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form	n 990 (2014) LEE LODGE AF & AM #209 23-710769	9	F	age
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		<u>.</u>	
			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			
C	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	1414		. معش
	Statements, filed for the calendar year ending with or within the year covered by this return		٠	·
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	ļ
	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" to line 3b, provide an explanation in Schedule O	3b		ļ
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	- r	X
b	If "Yes," enter the name of the foreign country	7.1 mg 7. 1 mg 2.5		√ <sup>7</sup> 5
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	7.		1
	(FBAR)			
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 as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ua		-21
	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		4	
_	and services provided to the payor?	7a		X
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		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	,	٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	3. jag.	4	116
а	Initiation fees and capital contributions included on Part VIII, line 12	1 1		* .
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			-
11	Section 501(c)(12) organizations. Enter		Ì	
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		1	
	against amounts due or received from them)			
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		$\langle \cdot \rangle$	•
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		`
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		_
_	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		ļ	
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	140		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		41
_b_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140		

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Ра	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N	lo"		
	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 or note to any line in this Part VI	···	· · ·	<u>.  x </u>
Sec	ction A. Governing Body and Management			<u></u>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O	1		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0	ļ		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			ļ
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct		į	ļ
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		İ	
	the year by the following		<u></u>	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?		X	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			,,
800	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	L	X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			···
40-		40-	Yes	No V
10a	Did the organization have local chapters, branches, or affiliates?	10a	<del> </del> -	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	IIa	Δ.	<u> </u>
122	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Put the organization basis a written conflict of interest policy? If "No." go to line 13	12a	X	,
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b	X	<del> </del>
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	125		
C	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	<u> </u>		
	The first between the determining companion at the following polaring indicate a fortiet and application		٠. ١	ļ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1	X
а	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO. Executive Director, or top management official	15a		$\Lambda$
a b	The organization's CEO, Executive Director, or top management official	15a		
a b	The organization's CEO, Executive Director, or top management official			X
b	The organization's CEO, Executive Director, or top management official	15a		
b	The organization's CEO, Executive Director, or top management official	15a		X
b 16a	The organization's CEO, Executive Director, or top management official	15a 15b		
b 16a	The organization's CEO, Executive Director, or top management official	15a 15b		X
b 16a	The organization's CEO, Executive Director, or top management official	15a 15b		X
b 16a b	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	15a 15b		X
b 16a b	The organization's CEO, Executive Director, or top management official	15a 15b		X
b 16a b	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  tion C. Disclosure	15a 15b		X
b 16a b Sec 17	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed  VA	15a 15b		X
b 16a b Sec 17	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed  VA  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	15a 15b		X
b 16a b Sec 17	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  tion C. Disclosure  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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available.	15a 15b		X
b 16a b Sec 17	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  It is the states with which a copy of this Form 990 is required to be filed  VA  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Own website  Another's website  Upon request  Other (explain in Schedule O)	15a 15b		X
b 16a b Sec 17	The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed  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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply  Own website  Another's website  Viantal applicable of the requirements of the process of the organization made its governing documents, conflict of interest policy, and	15a 15b		X

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII	,, <u>,</u> ,, <u>, , , , , , , , , , , , , , , ,</u>	□
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 worganization's tax year.	rith or within the	
• List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizations), regardenessation. Enter -0- in columns (D), (E), and (F) if no compensation was paid	ardless of amount of	
• 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 organization compensated any current officer, director, or trustee

(A) Name and Title .	Average hours per week (list any hours for related organizations below dotted line)	box	, unle: er an	Pos eck m ss pe	rson i	one a Highest compensated employee	in	(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
(1) ERIC H MARION						В				
MASTER				X				0	0	0
(2) ROSS C MORLAND SENIOR WARDEN				X				0	0	0
(3) ANDREW D MOOMAW  JUNIOR WARDEN				Х				0	0	0
(4) JACK K PURVIS TREASURER				Х				120	0	0
(5) WILLIAM T ELLISON JR SECRETARY				Х				1,200	0	0
(6) BRETT R WALLIS SENIOR DEACON				х				0	0	0
(7) COLE G SELDOMRIDGE JUNIOR DEACON				х				0	0	0
(8) LAWRENCE E SMOOT CHAPLAIN				Х				0	0	0
(9) ALAN J STAMP SENIOR STEWARD				Х				0	0	0
(10) JAMES D LOBLEY JR JUNIOR STEWARD				х				0	0	0
(11) ANTHONY L DANIEL MARSHAL				Х				0	0	0
(12) A KIM WEBSTER TILER				Х				120	0	0
(13)							-			
(14)										
EEA			!			!			l	Form 990 (2014)

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Part	VII , Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	(continued)			
	(A) Name and title	(B)  Average hours per week (list any	box, u	inless r and	pers a dire	tion ore th on is ector	nan one both an /trustee)		(D) Reportable compensation from	(E)  Reportable compensation from related		(F) stimated nount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	pensation rom the ganization d related anization	on d
(15)_					_								
(16)_													
(17)_													
(18)_		<b></b>											
<u>(19)</u> .													
		<b>-</b>											
		<u> </u>											
								_					
(25)													
1b c	Sub-total	on A						<b>&gt;</b>	1,440	0			0
d 2	Total (add lines 1b and 1c)									0	L <u>-</u>		
	Did the organization list any former officer, directo	r or truston	kov on	nnlo	···	orl	highes	t cor	moensated			Yes	No
3	employee on line 1a? If "Yes," complete Schedule J for										3		X
4	For any individual listed on line 1a, is the sum of report										٠ ا	,	. ~
	organization and related organizations greater than \$ individual										4		X
5	Did any person listed on line 1a receive or accrue confor services rendered to the organization? If "Yes," col	npensation fro	om any	unre	elate	d or	ganıza	tion			5		X
Secti	on B. Independent Contractors	Inplote Collec			م						<u> </u>		
1	Complete this table for your five highest compensated compensation from the organization Report compens												
	year (A)								(B)			(C)	
_	Name and business address								Description of	services	Comp	ensatio	<u>n</u>
2	Total number of independent contractors (including bureceived more than \$100,000 of compensation from the			e liste	ed al	bove	e) who						1

n <u>990</u>	(2014						<u> </u>
rt V	H,	Statement of Revenue Check if Schedule O contains a response or r	note to any line in this Pa	art VIII	(B)	(C)	(D)
		Check if Schedule O contains a response 9.		(A) Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded from tax under sections 512-514
	٠.				function revenue	19veride	512-514
, Mag			<del></del>			1	
, i	1a	Federated campaigns	1b 12,984			1	
and Other Similar Amounts	b	Membership dues	10-1			1	. ,
E	C	Fundraising events	1c				,
۲	d	Related organizations	1d		1		
	е	Government grants (continuations)	16				
	f	All other contributions, gifts, grants,	1f	<b>\</b>		1	
the		and similar amounts not included above		]			
<b>5</b> 0	g	Noncash contributions included in lines 1a-1f	· · · · · · · · · · · · · · · · · · ·	12,984			
3 8	h	Total. Add lines 1a-1f	Business Code		,,		
			900099	1,15	0 1,1	75	
anu		FEES	900099	57	3		
Revenue		LADIES NIGHT	900099	1,08	1,0	, <u>, , , , , , , , , , , , , , , , , , </u>	
5	0	DINNER DONATIONS		<b></b>	-		
Program Service	1			<del> </del>	+		
La La	1	All other program service revenue	[		75		
Prog	1	g Total. Add lines 2a-2f	<u> </u>	2,8	<del></del>		
	4-	(molyding dividends, intere	est,		64	64	
	3	Investment income (including dividends, inter- and other similar amounts)			<del></del>		
	١.	form investment of tax-exempt bond	proceeds				
	4		<u> </u>			1	
	5	(i) Rea			1	1	
	ء ا	Crocs lenis	4,566				
	1 '	b Loop rental expenses	1,498			-	
		Rental income or (loss)	33,068	33,0	33	, 068	
		d Net rental income or (loss)	······································				
	┤.	Gross amount from sales of (i) Securi	ties (ii) Other	-	1		* * * * * * * * * * * * * * * * * * *
		assets other than inventory			1		1
	1	b Less cost or other basis		,	j	*	
	- }	and sales expenses					
		c Gain or (loss)		<b>&gt;</b>			1 8 7
	1	d Net gain or (loss)					
ne	1	8a Gross income from fundraising				}	
Ven	}	events (not including \$				1	
æ	١	of contributions reported on line 1c) See Part IV, line 18	a				
Other Revenue	. [	b Less direct expenses	b				
δ		b Less direct expenses  c Net income or (loss) from fundraising even	ts . <u></u>	<u> </u>			_ ,
	1	9a Gross income from gaming activities	}	1	1		
		See Part IV, line 19	a				
	}	b Less direct expenses	b	<del>-</del>	}		
	1	c Net income or (loss) from gaming activities	s	. •			
	1		į	{		1	
		10a Gross sales of inventory, less returns and allowances	a				
		returns and another	b \	<u> </u>			
		b Less cost of goods sold  c Net income or (loss) from sales of inventor	Business Co	ode			
		Miscellaneous Revenue	900099		1,953	1,953	
		11a MISCELLANEOUS					
		b					
		d All other revenue		. •	1,953		0
		e Total. Add lines 11a-11d		•	0,874	37,890	Form 990 (2

# 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)									
Check if Schedule O contains a response or note to any line in this Part IX									
Do	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)				
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to domestic organizations			gonorui expenses	DAPOINGS				
	and domestic governments See Part IV, line 21	4,277	4,277	, , ;					
2	Grants and other assistance to domestic								
	ındıvıduals See Part IV, line 22	1,000	1,000						
3	Grants and other assistance to foreign		27000	7,74	4 11 1				
	organizations, foreign governments, and foreign			, T. A. J. A					
	individuals See Part IV, lines 15 and 16			,	18 1 -				
4	Benefits paid to or for members	1,440	1,440	·	<u> </u>				
5	Compensation of current officers, directors,		1,110	·					
	trustees, and key employees								
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	-							
8	Pension plan accruals and contributions (include		<del></del>						
-	cortion 401/k) and 402/k) application as stall at the con-								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees)								
а	Management								
b									
c	,	295		205					
d		293		295					
e	Professional fundraising services See Part IV, line 17								
f	Investment management fees								
g									
9	(A) amount, list line 11g expenses on Schedule O)	145		3.45					
12	Advertising and promotion	145		145					
13	Office expenses	3,026		3,026					
.u 14	Information technology	402		402					
 I5	Royalties								
16	Occupancy	17 122		15 100					
17	Travel	17,132	-	17,132					
12	Payments of travel or entertainment expenses	1,682		1,682	· · · · · · · · · · · · · · · · · · ·				
	for any federal, state, or local public officials								
9	Conferences, conventions, and meetings								
20	Interest								
!1	Payments to affiliates								
2	Depreciation, depletion, and amortization				<del>-</del>				
3	Insurance								
4	Other expenses Itemize expenses not covered				<del></del>				
•	above (List miscellaneous expenses in line 24e If				, 				
	line 24e amount exceeds 10% of line 25, column				1				
	(A) amount, list line 24e expenses on Schedule O)				, i				
а	MEMORIALS	200							
b		200		200	<del></del>				
	CHILD ID PROGRAM	1,039		1,039					
C	MEMBER RELATIONS AND MEALS	13,007		13,007					
d	All others are	<u> </u>							
e	All other expenses	509		509	· · · · · · · · · · · · · · · · · · ·				
2	Total functional expenses. Add lines 1 through 24e	44,154	6,717	37,437	0				
U	Joint costs. Complete this line only if the organization reported in column (B) joint costs								
	from a combined educational campaign and								
	fundraising solicitation Check here								
	following SOP 98-2 (ASC 958-720)								

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Par	ŧΧ	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
		•	(A) Beginning of year		(B) End of year
	٠1	Cash - non-interest-bearing	4,416	1	1,515
	2	Savings and temporary cash investments	112,618	2	122,980
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees		i	
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			ا الله الله الله الله الله الله الله ال
		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) Complete Part II of Schedule L		6	
ys.	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	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		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other secunties See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	117,034	16	124,495
	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	
ies	22	Loans and other payables to current and former officers, directors,		*	
Liabilities		trustees, key employees, highest compensated employees, and			
Lial		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 (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X		25	
		of Schedule D		25 26	0
	26	Total liabilities. Add lines 17 through 25	0	20	<u> </u>
		Organizations that follow SFAS 117 (ASC 958), check here			
Se		complete lines 27 through 29, and lines 33 and 34.			(553,505)
la l	27	Unrestricted net assets	(560,966)	27	678,000
8	28	Temporarily restricted net assets	678,000	28 29	678,000
힡	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here			, " , " , " , " , " , " , " , " , " , "
S o		complete lines 30 through 34.		30	<u> </u>
sse	30	Capital stock or trust principal, or current funds		31	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
Š	32	Retained earnings, endowment, accumulated income, or other funds	117,034	33	124,495
_	33	Total net assets or fund balances	117,034	34	124,495

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Ŗa	Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI	<del></del>	· · · ·	<u> </u>	<u>. Ц</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		50,	874
2	Total expenses (must equal Part IX, column (A), line 25)	. 2		44,	154
3	Revenue less expenses Subtract line 2 from line 1	3		6,	720_
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		117,	034
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	. 8			741
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line	1 1			
	33, column (B))	.   10		124,	495
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · · · · ·	<u></u>		<u>_LL.</u>
1	Accounting method used to prepare the Form 990		2a	Yes	No X
Zd	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		1,1	A 185 07 4	1
	reviewed on a separate basis, consolidated basis, or both			,	*: <sup>1</sup>
_	Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>	X
U	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		<del></del>	,	<del></del>
	separate basis, consolidated basis, or both			b a	,
	Separate basis		, 1		* r,
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			11/22	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		<del></del>
	If the organization changed either its oversight process or selection process during the tax year, explain in				1
	Schedule O		' 1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		_		~
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		_		l
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b	000 (	2044
EEA			Form	ลลก (	2014)

#### **SCHEDULE 0** (Form 990 or 990-EZ)

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

23-7107699

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. Name of the organization Employer identification number LEE LODGE AF & AM #209