# Form

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 private foundations)

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

Go to www.irs.gov/Form990 for instructions and the latest information

2017 Open to Public

 A	For the 2013	calendar year, or tax year beginning	, and ending	The the lateour	om.							
_	Check if applicable	C Name of organization INFRASTRUCTURE MASONS, INC.  D Employer identification number										
	• • • • • • • • • • • • • • • • • • • •		TECHNICAL MARKETIN	G, INC.								
닉	Address change	Doing business as	TECHNICAL MARKETIN	G, INC.		01_3	847379					
	Name change	Number and street (or P Q box if mail is not delivere	d to street address)	<del></del>	Room/suite	E Telephone						
	Initial return	3855 SW 153RD DRIVE	,				619-0505					
	Final return/	City or town, state or province, country, and ZIP or for	oreign postal code	·············								
	terminated	BEAVERTON	OR 97003			G Gross rece	eipts\$ 595,353					
لــا	Amended return	F Name and address of principal officer			T							
	Application pendir	DEAN NELSON			H(a) Is this a grou	up return for si	ubordinates? Yes X No					
		SAME AS C ABOVE			H(b) Are all subo	ordinates inclu	uded? Yes No					
					If "No,"	attach a list (	(see instructions)					
_	Tax-exempt state	s 501(c)(3) <b>X</b> 501(c) ( <b>6</b> ) ◀	(insert no ) 4947(a)(1) or		1		,					
÷	Website	WWW.IMASONS.ORG	(insert no ) 4947(a)(1) or	1 520 T	┧							
<u></u>		<del></del>		I. v	H(c) Group exer							
	Form of organiza		Other •	JL Y	ear of formation 2	010	M State of legal domicile NV					
	1	Summary					<del></del>					
	1	describe the organization's mission or most	significant activities									
Çe	SE	SCHEDULE O										
Щ												
Governance												
é	2 Check	this box 🟲 🔃 if the organization discontinue	ed its operations or disposed of	more than 25	% of its net ass	ets						
ಹ	3 Numb	r of voting members of the governing body (	Part VI, line 1a)			3	3					
Activities &	4 Numb	r of independent voting members of the gove	erning body (Part VI, line 1b)			4	3					
Σ	5 Total r	umber of individuals employed in calendar ye	ear 2017 (Part V, line 2a)			5	0					
Ç	6 Total r	umber of volunteers (estimate if necessary)				6	3					
_	1	nrelated business revenue from Part VIII, co	lumn (C), line 12			7a	0					
	b Net ur	related business taxable income from Form 9	990-T, line 34			7b	0					
			·	- L	Prior Yea	r	Current Year					
ø	8 Contri	outions and grants (Part VIII, line 1h)		L			3,269					
Revenue	9 Progra	m service revenue (Part VIII, line 2g)		[	49	0,061	590,407					
eVe	10 Invest	nent income (Part VIII, column (A), lines 3, 4	, and 7d)	Γ			17					
ď	11 Other	evenue (Part VIII, column (A), lines 5, 6d, 8d	, 9c, 10c, and 11e)			823	941					
	1	evenue – add lines 8 through 11 (must equal		7 - 1 - 7	49	9,884	594,634					
		and similar amounts paid (Part IX, column (	1/1 141		` `	,	0					
	1	s paid to Or for members (Part IX, column (A		7 5 201	1		0					
10	Ar Calam	s, other compensation, employee benefits (F	Li V	1 2 200			0					
xpenses	16a Profes	sional fundraising fees (Part IX, column (A),	2 8 8 60 11	-	<u>. [</u>		0					
Sen	h Total f	undraising expenses (Part IX, column (D), lin		o			<u>U</u>					
X	1	expenses (Part IX, column (A), lines 11a–11c	•	ľ	3 (	,449	467,139					
	<b>I</b>	xpenses Add lines 13–17 (must equal Part I	•	-		,449	467,139					
				⊢		,435	127,495					
- 6		ue less expenses Subtract line 18 from line	12		Beginning of Cur		End of Year					
Net Assets or	20 Total a	ssets (Part X, line 16)		T		5,212	174,805					
Ass	21 Total I	abilities (Part X, line 26)		-		1,777	36,875					
ž	22 Net as	sets or fund balances Subtract line 21 from	una 20	 		,435	137,930					
	**********	Signature Block	ine 20	L		7,433	131,930					
						-1-61-	- 1.1					
	ue, correct, an	of perjury, I declare that I have examined this retuil complete. Declaration of prepare; (other than offi	n, including accompanying scheduli cer) is based on all information of w	es and stateme hich preparer h	ents, and to the be	estormy kn ≏	owledge and belief, it is					
							1,0					
e:.	~   <b> </b>	Signature of officer				5/10	9//8					
Sig			c 1. A	1		Date						
He	ere	_ Jeft Omeldruck	, Executive Direc	<b>.to√</b>								
		Type or print name and title	T		<del></del>							
<b>D</b> -1		ype preparer's name	Preparer's signature	1	Date	Check	If PTIN					
Pai	35541	S. KIM	///	Kim	05/07	/18 self-em	ployed P00225909					
		name <b>SKCPA &amp; CO</b>			F	rm's EIN	73-1691547					
Us	e Only	10260 SW GREEN		E 1000								
_	Firm's	address > PORTLAND, OR	97223-5526		Р	hone no	503-293-1040					
		uss this return with the preparer shown above					X Yes No					
For	Paperwork R	eduction Act Notice, see the separate instruction	ons.			12	Form <b>990</b> (2017)					
DAA	١.				•	I ~	,==,					

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	1274 Checknet of Required Conceaned	- Т		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	ł	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	İ	
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,	1	}	
	Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		ŀ	
	"Yes," complete Schedule D, Part I	6_		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		_X_
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		- 1	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
0	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		X
1	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		1	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 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	11b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	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	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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		'	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		<b>'</b>	
	Schedule D, Parts XI and XII	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 and XII is optional	12b	<u></u> _	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? 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 other assistance to or	}		
	for any foreign organization? 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 other			
	assistance to or for foreign individuals? 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			77
40	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	40	}	x
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  Did the Organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	<b> </b> -	<del>  ^</del>
	If "Yes," complete Schedule G, Part III	19		x
		1 15		

## Part IV Checklist of Required Schedules (continued)

	,		Yes	No
20a	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		
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		ľ	
	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			
	\$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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С				
	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		
	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	1	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any		1	
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		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		İ	
	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,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	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		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N.			
	Part I	31	j	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	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,		Î	
	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			
		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		X
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	

۳a	Check if Schedule O contains a response or note to any line in this Part V			
	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 9		103	'NO
b				
С				
	reportable gaming (gambling) winnings to prize winners?	1c	х	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	· · · · · · · · · · · · · · · · · · ·	2b		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a		3a		X
b		3b		
4a				1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	y and the state of the a party to a profibility to a prof	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		L
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	and the desired with the dense of the goods of services provided.	7b		
С	3 - Land of the state of the st			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	by the periodical periodical contract.	7e		L
f	and the district of the year, pay promitting, directly of indirectly, on a personal benefit contract.	7f		<u> </u>
g	the state of the s			
h	o and the organization me a form to	8-C? 7h		<u> </u>
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		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	, 5 - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	9a		
b	5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -	9b		ļ
10	Section 501(c)(7) organizations. Enter			
a	Total			
b	TOD			
11	Section 501(c)(12) organizations. Enter			
a	i i a			
b	and and a second control of the second contr			
122	against amounts due or received from them )  Section 4047(a)(4) non-everythele treatment of the section 4047(a)(b) non-everythele treatment of the section 4047			1
l2a h	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	12a		
b  3	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		
а	o de la constante de la consta	13a		<u> </u>
b	Note. See the instructions for additional information the organization must report on Schedule O			
	the second of th			
С	the organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  136	<b></b>		
l4a				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		X
<u> </u>	100, provide an explanation in Schedule U	14b		Ĺ

81-3847379 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 3 **b** 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 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? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 X Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a X b 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 X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 13 Did the organization have a written whistleblower policy? X 14 Did 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? The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b 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," 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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (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 X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records VITAL TECHNICAL MARKETING, INC. 3855 SW 153RD DRIVE 503-619-0505 OR 97003 BEAVERTON

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Indépendent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -O- 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

K Check this box if meither 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			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotled line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(2.333 133)	organization and related organizations
(1) DEAN NELSON	10.00									
CHAIRMAN	10.00 0.00	x		x	}			o	0	0
(2) OLIVER JONES	0.00	^	-	<u> </u>	$\vdash$	$\left  - \right $	_			<del>_</del>
(1,022:22:00:22	2.00				İ					
SECRETARY	0.00	X		X			_	0	0	0
(3) MARICEL CERRUTI	· <u> </u>									
	4.00									
TREASURER (4) MARK MONROE	0.00	X	├	X	-			0	0	0
(4) MARK MONROE	30.00		]							
EXECUTIVE DIRECTOR	0.00			x				o	0	0
(5)	<del></del>									
(6)			-							
(7)			-							
(8)		-		-	_					
(9)	· · · · · · · · · · · · · · · · · · ·				-					
(10)	·		-		-					
(11)	· 		-	-	-					

(A) (B)  Name and title Average hours per week (list any hours for			(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization	(E)  Reportable  compensation from  related  organizations (W-2/1099-MISC)	com	(F) stimate nount of other pensation the	of	
	related organization below dotte line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2 1000 miles)	org an	anızatı	on ed	
							! 						
			<u> </u>				<b> </b>						
						_							
				<u> </u>	_								
			_	<u> </u>	_								
41-0-14-14					}								
d_Total (add lines 1					e lie	. het	b b	/e) who received more than	\$100,000 of				
	nsation from the organiz											Yes	No
employee on line 4 For any individual	1a? <i>If "Yes," complete</i> S listed on line 1a, is the	chedule sum of r	<i>J fo</i> epor	<i>r suc</i> table	h ind	divid npen	<i>ual</i> satio	loyee, or highest compens on and other compensation	from the		3		х
individual 5 Did arry person lis		accrue	com	pens	atio	n fro	m ar	complete Schedule J for sunny unrelated organization of the such person			5		x
Section B. Independen	t Contractors										<u> </u>		
								tractors that received more dar year ending with or wit	<u>hin the organization's tax y</u>	/ear			
	(A) Name and business addre	ss					_		(B) ption of services		Con	(C) npensa	ition
ENERGETIC CON LOUISVILLE	SULTING, INC.	СО	800			l M		NTAIN VIEW CT ED SERVICE				199	327
	CAL MARKETING,				38!	55	sw	153RD DRIVE MANAGEMENT					2,416
							-						
2 Total number of in received more that	ndependent contractors an \$100,000 of compens	includir ation fro	ng bu om th	t not e or	lımı ganı	ted to	o tho n ▶	ose listed above) who	2 _			, qār	0 (2017

1 44	1 k .W	Check if Schedule	O con	taıns a	response o	r note to any line	in this Part VIII		
		^	***************************************			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	1a						
ē ā	b	Membership dues	1b						1
Am,	c	Fundraising events	1c						
돌	d	Related organizations	1d						
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions)	1e						
it Se	f	All other contributions, gifts, grants,							
ᄚ		and similar amounts not included above	1f		3,269				
ăă	g	Noncash contributions included in lines 1a	9-1f \$	3	1				
o E	<u>h</u>	Total. Add lines 1a-1f			<b>•</b>	3,269			
Program Service Revenue					Busn Code				
e e	2a	MEMBERSHIP DUES			541900	520,500	520,500	·	
e R	b	EVENT REVENUE			541900	69,907	69,907	·	<u> </u>
ž	С								
နှ	d								
ran	е								
5		All other program service reve	nue		L				
-		Total. Add lines 2a-2f			<b>•</b>	590,407	· <del>···</del> ····		<del></del>
	3	Investment income (including	dividen	ds, intere	st,				
	_	and other similar amounts)			P  -	17			17
	4	Income from investment of tax	-exemp	ot bond p	roceeds 🕨 📙			<del></del>	ļ
	5	Royalties	- 1		<b></b>				
	_	(ı) Real		(II) P	ersonal				
	6a	Gross rents							
	b	Less rental exps							
	C	Rental inc or (loss)		<del></del>		1			
	d 7a	Net rental income or (loss) Gross amount from		<del></del>	<b>D</b>				
		sales of assets (i) Securities		(11)	Other				
	h	other than inventor							
	b	Less cost or other basis & sales exps			•	[			
	_	Gain or (loss)							
ĺ	d	Net gain or (loss)				1			
		Gross income from fundraising eve	nto [						
Ę	Oa	(not including \$	1115		1				
š		of contributions reported on line 1c	, 1						
Other Revenu		See Part IV, line 18	a		İ				
	b	Less direct expenses	b b						1
ნ		Net income or (loss) from fund	L	events		į			1
		Gross income from gaming activities		0101110					<del></del>
1		See Part IV, line 19	a		ĺ	1			
	b	Less direct expenses	ь						
ı		Net income or (loss) from gam	ung act	ıvıtıes	<b>•</b>	1			1
		Gross sales of inventory, less				-			
		returns and allowances	a		1,240				
	b	Less cost of goods sold	ь		719				
ı		Net income or (loss) from sale	s of inv	entory	<b>&gt;</b>	521	521		
Ì		Miscellaneous Revenue			Busn Code				<del> </del>
	11a	OTHER REVENUE			541900	420	420		1
	b								
1	С					1			
	d	All other revenue				<del></del>		<del></del>	<del> </del>
	е	Total. Add lines 11a-11d			<b>▶</b>	420			
	12	Total revenue. See instruction	าร		▶ 1	594,634	591,348		0 17
									200

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 (D) Fundraising (B) Program service (A) (C) Do not include amounts reported on lines 6b, Total expenses Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes Fees for services (non-employees) 315,500 a Management 2,990 **b** Legal 3,450 c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 37,925 12 Advertising and promotion 7,414 13 Office expenses 31,993 14 Information technology 15 Royalties 16 Occupancy 25,982 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 40,059 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 1,826 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) а b C ď All other expenses е 467,139 0 0 0 25 Total functional expenses Add lines 1 through 24e 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)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 15,212 30,580 Cash-non-interest bearing 1 2 Savings and temporary cash investments 2 88,754 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and Ioans receivable, net 7 7,771 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10b b Less accumulated depreciation 10c 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 47,700 15 Other assets See Part IV, line 11 15 174,805 15,212 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 4,777 29,160 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 <u>7,715</u> 4,777 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here and Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Fund Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ö complete lines 30 through 34. Net Assets Capital stock or trust principal, or current funds 30

> 174,805 Form **990** (2017)

137,930

137,930

31

32

33

10,435

10,435

15,212

31

32

33

Paid-in or capital surplus, or land, building, or equipment fund

Total net assets or fund balances

Total liabilities and net assets/fund balances

Retained earnings, endowment, accumulated income, or other funds

orm	990 (2017) INFRASTRUCTURE MASONS, INC. 81-3847379			Page <b>12</b>
Par	t XI Reconciliation of Net Assets	-		
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,634
2	Total expenses (must equal Part IX, column (A), line 25)	2	46	7,139
3	Revenue less expenses Subtract line 2 from line 1	3	12	7,495
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1	0,435
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		_	
	33, column (B))	10	13	7,930
Par	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔀 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," Check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		) 1	
	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		1 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			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	990 (2017)

#### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Attach to Form 990 or Form 990-EZ

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below

▶ Go to www.irs gov/Form990 for instructions and the latest information

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

· 48/	(see separate instructions), then				
	ection 501(c)(4), (5), or (6) organizations Complete Part III			1 =	
Name	e of organization INFRASTRUCTURE MASON	•		Employer identi	
	C/O VITAL TECHNICAL			81-38473	
Pai	t I-A Complete if the organization is exem	pt under section 501(c	or is a section	on 527 organizati	on.
1	Provide a description of the organization's direct and indirect	ct political campaign activities i	n Part IV (see ins	tructions for	
	definition of "political campaign activities")				
2	Political campaign activity expenditures (see instructions)			▶ \$	
3	Volunteer hours for political campaign activities (see instruc				
Pai	t I-B Complete if the organization is exem	pt under section 501(c	)(3).		
1	Enter the amount of any excise tax incurred by the organization	ation under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	n managers under section 4955	5	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fo	rm 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the organization is exem	pt under section 501(c	), except sect	ion 501(c)(3).	
1	Enter the amount directly expended by the filing organization	on for section 527 exempt function	ion		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribut	ted to other organizations for se	ection		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 Ent	er here and on Form 1120-PO	-1		
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this year	?			Yes No
5	Enter the names, addresses and employer identification nu	ımber (EIN) of all section 527 p	olitical organizatio	ons to which the filing	
	organization made payments. For each organization listed,	enter the amount paid from the	e filing organizatio	n's funds Also enter	
	the amount of political contributions received that were pro	mptly and directly delivered to	a separate politica	l organization, such	
	as a separate segregated fund or a political action committed	ee (PAC) If additional space is	needed, provide	information in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

chedule C (Form 990 or 990-EZ) 2017 INFRA	STRUCTURE	MASONS,	INC.	:	81-3847379	Page 2			
Part II-A Complete if the organiz				(3) and filed	Form 5768 (el	ection under			
section 501(h)).  Check ' if the filing organization address, EIN, expenses the check if the filing organization if the filing organization.	, and share of ex	cess lobbying	expenditures	s)	_	per's name,			
Limits on Lob			d donardi p		(a) Filing	(b) Affiliated			
(The term "expenditures" n			ed.)	org	anization's totals	group totals			
1a Total lobbying expenditures to influence pu									
<b>b</b> Total lobbying expenditures to influence a l	-	ect lobbying)							
c Total lobbying expenditures (add lines 1a a	<u> </u>								
d Other exempt purpose expenditures									
e Total exempt purpose expenditures (add lir									
f Lobbying nontaxable amount Enter the am columns	ount from the follo	wing table in both							
If the amount on line 1e, column (a) or (b) is:	The lobbying no	ontaxable amount	ıs.						
Not over \$500,000	20% of the amou	int on line 1e							
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	% of the excess ov	ver \$500,000						
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10	0% of the excess ov	ver \$1,000,000						
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 59	% of the excess over	er \$1,500,000						
Over \$17,000,000	\$1,000,000								
g Grassroots nontaxable amount (enter 25%	of line 1f)								
h Subtract line 1g from line 1a If zero or less	s, enter -0-								
i Subtract line 1f from line 1c If zero or less	enter -0-								
j If there is an amount other than zero on eif	her line 1h or line 1	lı, dıd the organız	ation file Form	n 4720					
reporting section 4911 tax for this year?						Yes No			
	4-Year Average	ging Period Ur	nder section	501(h)					
(Some organizations that mad					of the five colun	nns below.			
	ee the separate								
Lo	bbying Expendi	tures During 4	-Year Avera	aging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015		(c) 2016	( <b>d)</b> 2017	(e) Total			
2a Lobbying nontaxable amount									
b Lobbying ceiling amount									
(150% of line 2a, column (e))									
c Total lobbying expenditures									
d Grassroots nontaxable amount									
e Grassroots ceiling amount (150% of line 2d, column (e))									
1.30.000 = 21,0014					f	<del></del>			

Schedule C (Form 990 or 990-EZ) 2017

f Grassroots lobbying expenditures

Page 3

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T filed	Form	n 5768		
		(a	)	(b		
	nch "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed	Yes	No	Amo	unt	
uescri	ption of the lobbying activity	1,63				
	During the year, did the filing organization attempt to influence foreign, national, state or local					
	egislation, including any attempt to influence public opinion on a legislative matter or					
	eferendum, through the use of	1 1				
	/olunteers?	1				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	1	{			
	Media advertisements?	1	-+			
	Mailings to members, legislators, or the public?	<del>  -  </del>	-+			
	Publications, or published or broadcast statements?	<del>  -  </del>	<del></del> +			
	Grants to other organizations for lobbying purposes?					
_	Direct contact with legislators, their staffs, government officials, or a legislative body?	<del> </del>	-+			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	1	-+			
	Other activities?					
-	Fotal Add lines 1c through 1i		-			
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	f "Yes," enter the amount of any tax incurred under section 4912		-			
	f "Yes," enter the amount of any tax incurred by organization managers under section 4912		+			
	f the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  III-A Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5)		ection		
ran	III-A Complete if the organization is exempt under section 501(c)(4), section 50′ 501(c)(6).	(0)(0)	, 01 30	ECHOII		
	301(0)(0):				Yes	No
4 1	Mara substantially all (QQQ/ or mara) dusa recovered pandoductible by members?			1	1.00	X
	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	x	<del> </del>
	Did the organization make only in-ribuse lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior yea	r2		3	<del> </del>	x
	III-B Complete if the organization is exempt under section 501(c)(4), section 50	1(c)(5)	Or S			
ГДП	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"	' OR (I	o) Par	rt III-A, line	e 3. i:	s
	answered "Yes."		-,	•,	, -	_
1	Dues, assessments and similar amounts from members		1			
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	!				
	political expenses for which the section 527(f) tax was paid).					
	Current year		2a			
	Carryover from last year		2b			
	Total		2c			
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
	and political expenditure next year?		4			
	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
	te the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Pa	rt II-A, in	nes 1 a	ind		
	instructions); and Part II-B, line 1. Also, complete this part for any additional information					
•						

81-3847379

Page 4

Part IV Supplemental Information (continued)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

	of the organization		Employer	identificatio	n numbe	r	
	NFRASTRUCTURE MASONS, INC.		01 2	84737	10		
	O VITAL TECHNICAL MARKETING, INC.  rt 1 Organizations Maintaining Donor Advised Fu				<u> </u>		
га	Complete if the organization answered "Yes" on	Form 990. Part IV. line 6	ccoui	its.			
		(a) Donor advised funds	(	b) Funds and	other ao	counts	
1	Total number at end of year			<u>,                                    </u>			
2	Aggregate value of contributions to (during year)		<del></del>			-	
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year				-		
5	Did the organization inform all donors and donor advisors in writing tha	the assets held in donor advised					
	funds are the organization's property, subject to the organization's excl	usive legal control?				Yes	No
6	$\ensuremath{\text{Did}}$ the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be used					
	only for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purpose					
	conferring impermissible private benefit?					Yes	No
Pa	rt II Conservation Easements.	Farm 000 Dart IV Iva 2					
	Complete if the organization answered "Yes" on						
1	Purpose(s) of conservation easements held by the organization (check						
	Preservation of land for public use (e g , recreation or education)	Preservation of a historically impo					
	Protection of natural habitat	Preservation of a certified historic	structure	9			
•	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified conse easement on the last day of the tax year	rvation contribution in the form of a conser	vation	11-14 -445	- 5-4	- f Al	T V
_			120	Held at th	e Ena c	or the	iax rea
a	Total number of conservation easements		2a				
ď	Total acreage restricted by conservation easements	udod in (a)	2b	<del>                                     </del>			
	Number of conservation easements on a certified historic structure incl	• •	2c	<del>                                     </del>		_	
u	Number of conservation easements included in (c) acquired after 7/25/	ob, and not on a	2d	1			
3	historic structure listed in the National Register  Number of conservation easements modified, transferred, released, ex	tinguished or terminated by the organizati		a the			
J	tax year	tinguished, or terminated by the organizati	on dum	y me			
4	Number of states where property subject to conservation easement is	ocated •					
5	Does the organization have a written policy regarding the periodic mon						
3	violations, and enforcement of the conservation easements it holds?	noring, inspection, nandling of				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	f violations, and enforcing conservation ea	sement	s during th	L Vear		
•		r troidilions, and officiently consolitation sa		, daning th	0 ,00.		
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation easem	ents dur	ina the ve	ar		
	<b>▶</b> \$						
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 XIII, describe how the organization reports conservation easem	ents in its revenue and expense statement	t, and		_		
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that de	scribes	the			
	organization's accounting for conservation easements	<del></del>					
Pa	art III Organizations Maintaining Collections of Art,		Simila	r Assets	5.		
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 8					
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), r						
	works of art, historical treasures, or other similar assets held for public		rance of	j			
	public service, provide, in Part XIII, the text of the footnote to its finance						
b	If the organization elected, as permitted under SFAS 116 (ASC 958), t	•					
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthe	rance of	í			
	public service, provide the following amounts relating to these items						
	(i) Revenue included on Form 990, Part VIII, line 1		•	<b>&gt;</b> \$			
	(ii) Assets included in Form 990, Part X		•	<b>&gt;</b> \$			
2		- ·	vide the				
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items		_			
а	Revenue included on Form 990, Part VIII, line 1		•	<b>\$</b>			
b	Assets included in Form 990, Part X		•	<b>≻</b> \$			

Sched	dule D (Form 990) 2017 INFRASTRI	JCTURE MASO	ONS, INC.		81-3	847379	Page <b>2</b>			
Pa	rt III Organizations Maintainin	g Collections of	Art, Historical 1	Treasures,	or Othe	er Similar Asse	ets (continued)			
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)									
а	Public exhibition	d 🗌	Loan or exchange pro	ograms						
b	Scholarly research e Other									
С										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part									
	XIII									
5	During the year, did the organization solicit	or receive donations	of art, historical treasi	ures, or other:	sımılar					
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes No									
Pa	Part IV Escrow and Custodial Arrangements.									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form									
	990, Part X, line 21									
1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not									
	included on Form 990, Part X?									
b	b If "Yes," explain the arrangement in Part XIII and complete the following table									
	_					<del>  -  -</del>	Amount			
	Beginning balance					1c				
	Additions during the year						<del></del>			
e	Distributions during the year						<del></del>			
70	Ending balance	000 Dad V I.a.	21 for exercise or our	etadial aasaiii	الإسامان	1f	Yes No			
	Did the organization include an amount on fif "Yes," explain the arrangement in Part XII		·		-		Yes No			
	rt V Endowment Funds.	Check here ii the e	xpianation has been t	piovided on Fa	ait Aiii					
	Complete if the organization	n answered "Ye	s" on Form 990 F	Part IV line	10					
	Complete it the organization	(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	(e) Four years back			
1a	Beginning of year balance			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	Contributions	<del> </del>		<del>                                     </del>						
	Net investment earnings, gains, and	<del> </del>								
	losses		ĺ	1						
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs		l							
f	Administrative expenses									
g	End of year balance		L	<u> </u>						
2	Provide the estimated percentage of the cur	rrent year end baland	e (line 1g, column (a)	) held as						
а	a Board designated or quasi-endowment ▶ %									
b	Permanent endowment ▶ %									
c	Temporarily restricted endowment ►	%								
	The percentages on lines 2a, 2b, and 2c sh	•								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held and	d administered	d for the		<u></u>			
	organization by						Yes No			
	(i) unrelated organizations						3a(i)			
	(ii) related organizations		0.5-4.5-20				3a(ii)			
ь	If "Yes" on line 3a(ii), are the related organization	-					3b			
-4 Da	Describe in Part XIII the intended uses of the Land, Buildings, and Equ		owment tunas							
ra	,	•	s" on Form 990 f	Part IV line	11a Se	a Form 990 P	art X line 10			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a  Description of property  (a) Cost or other basis  (b) Cost or other basis						Accumulated	(d) Book value			
	2000 photoi of property	(investment)	1	ther)		epreciation	1-1-000			
12	Land	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		· · · · · · · · · · · · · · · · · · ·						
	Buildings	<b></b>								
	Leasehold improvements					<del></del>				
	Equipment					<del></del>				
	Other									
_	otal. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)									

Part VII	Investments—Other Securities.		ne 11h Son Form 000 Po	rage		
	Complete if the organization answered "Yes" or (a) Description of security or category	(b) Book value	(c) Method of valu			
	(including name of security)		Cost or end-of-year ma	rket value		
(1) Financial o	erivatives					
· ·	ld equity interests					
(3) Other						
(A)						
(B)				<del></del>		
(C)						
(D)						
(E)						
(F)		·				
(G)		<u> </u>		<del></del>		
(H)	2 (h) must squal Form 000. Part V. and (D) line 40 )					
Part VIII	n (b) must equal Form 990, Part X, col (B) line 12 ) ► Investments—Program Related.		<u>                                     </u>			
7 W. V. V. 102	Complete if the organization answered "Yes" or	n Form 990 Part IV Ju	ne 11c. See Form 990. Pa	rt X line 13		
	(a) Description of investment	(b) Book value		(c) Method of valuation		
	, ,	(-,	Cost or end-of-year ma			
<u>(1)</u>		<del> </del>				
(2)						
(3)				<del></del>		
(4)	<del></del>					
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col. (B) line 13 ) ▶					
Part IX	Other Assets.					
	Complete if the organization answered "Yes" or	n Form 990, Part IV, III	ne 11d See Form 990, Pa	rt X, line 15		
	(a) Description					
(1)	APP (SOFTWARE) IN DEVE	LOPMENT		47,70		
(2)						
(3)		<del></del>				
(4)						
(5)				<del></del> -		
(6)						
(7)	<del></del>					
(8)	<del></del>					
(9)	(h)	······	<del></del>	47 70		
Part X	n (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.			47,70		
Pail		n Form 000 Dod IV Iv	110 116 Co- For- 0	100 Dard V		
	Complete if the organization answered "Yes" of line 25	n Form 990, Partiv, III	ne Tie of Tit See Form 9	90, Part X,		
1.	(a) Description of liability	(b) Book value	T	<del></del>		
	Income taxes	(b) Book Value	+			
	JED EXPENSES	7,715	1			
(3)		7,712	†			
(4)			-			
(5)		<u> </u>	4			
(6)		<del>                                     </del>	1			
(7)			1			
(8)		<del>                                     </del>	†			
(9)		<del> </del>	1			
	n (b) must equal Form 990, Part X, col (B) line 25 ) ▶	7,715	†			
	uncertain tax positions. In Part XIII, provide the text of the foo	<del></del>	<del></del>	the		
	liability for uncertain tax positions under FIN 48 (ASC 740)	_	•			

Part XIII Supplemental Information.

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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2017 INFRASTRUCTURE MASONS, INC.

81-3847379

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Part XIII Supplemental Information (continued)

SCHEDULE O (Form 990 or 990-E之) 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.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

INFRASTRUCTURE MASONS, INC.
C/O VITAL TECHNICAL MARKETING, INC.

Employer identification number 81–3847379

FORM 990 - ORGANIZATION'S MISSION

INFRASTRUCTURE MASONS IS INCORPORATED BUSINESS ASSOCIATION ESTABLISHED TO PROVIDE COMPUTER INFRASTRUCTURE EXECUTIVES AND TECHNICAL PROFESSIONALS AN INDEPENDENT FORUM TO CONNECT AND CONTRIBUTE. THE ORGANIZATION BELIEVES THAT BY BRINGING THESE PROFESSIONALS TOGETHER, THE INDUSTRY EXPERTS CAN FOCUS THEIR COMBINED EXPERIENCE AND KNOWLEDGE TO ADVANCE THE INDUSTRY, DEVELOP THEIR FELLOW MASONS, AND EMPOWER BUSINESS AND PERSONAL USE OF THE INFRASTRUCTURE TO BETTER THE ECONOMY, THE ENVIRONMENT, AND SOCIETY.

FORM 990, PART I, LINE 6
BOARD MEMBERS AND OFFICERS

FORM 990, PART VI, LINE 3 - MANAGEMENT DELEGATED

THE ORGANIZATION DELEGATES THE MAJORITY OF OPERATIONS SECRETARIAT DUTIES TO THE MANAGEMENT COMPANY, VITAL TECHNICAL MARKETING, INC. INCLUDING BUT NOT LIMITED TO ADMINISTRATION OF THE MAJORITY OF MEETINGS, ASSISTANCE WITH MEMBERSHIP DUTIES AND ALL FINANCIAL DUTIES.

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS INDIVIDUAL MEMBERS:

IM MEMBERS ARE INDIVIDUAL PROFESSIONALS, NOT COMPANIES, AND ARE EXTREMELY EXPERIENCED IN THE COMPUTER INFRASTRUCTURE INDUSTRY.

FOUNDING PARTNER MEMBERS:

FOUNDING PARTNERS IS A SPONSORSHIP PROGRAM DEVELOPED TO PROVIDE FINANCIAL AND TALENT RESOURCES TO HELP IMASONS ACCOMPLISH ITS MISSION. FOUNDING

Employer identification number

INFRASTRUCTURE MASONS, INC.

81-3847379

PARTNERS PROVIDE UNRESTRICTED FUNDS TO POWER IMASONS PROGRAMS. FOUNDING PARTNERS ALSO PROVIDE SENIOR LEADERS TO THE PARTNER ADVISORY COUNCIL, WHICH IN TURN ADVISES THE BOARD OF DIRECTORS, STEERING THE ORGANIZATION AS IT DEVELOPS INTO A FULL-FLEDGED PROFESSIONAL ASSOCIATION. FOUNDING PARTNERS WILL ALSO BE PEER ADVISORS TO THE END USER ADVISORY COUNCIL, AND WILL PROVIDE LEADERSHIP IN IMASON COMMITTEES, WORKGROUPS, AND EVENTS.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

CURRENT MEMBERS HAVE THE AUTHORITY TO VOTE TO ELECT OR APPOINT MEMBERS TO

THE BOARD.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FORM 990 WILL BE PROVIDED TO THE EXECUTIVE DIRECTOR FOR REVIEW PRIOR TO
SUBMISSION TO THE IRS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.