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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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.

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

Department of the Treasury Internal Revenue Service

Open to Publica Inspection

A	For t	he 2013 calen	dar year, or ta	x year begii	nning Jun	1	, 20	13, and	ending	May	31		. 2014	
В		ıf applicable	C Name of organ		RRE GRAN							yer iden	dification Number	
	\square_{A}	ddress change	Doing Busines		in Cidnis		0111110	,			03-	0103	260	
	1-1	ame change	Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number											
	11	utial return												
	Н				country, and ZIP	or foreign postol			IROX .	48T	(80	2) 4	76-4131	
	Н	erminated	· ·	tate or province,	country, and ZIP	ui toreign postar	C008							
	∐^	mended return	BARRE				V	T 05	641	_	G Gross			
		pplication pending	F Name and add	iress of principa	officer						a group return		₩	s XNo
	_		ED LARSON	N 51 CH	URCH ST	BARRE		VT 05	641 H	(b) Are all	subordinates attach a list	Included	? Yes	s No
ī	Tax	-exempt status	501(c)(3)	X 501(c) (6) ▼ (ir	sert no)	4947(a)(1)	or	527	11 140, 1	attavii a iist	(200 III30	detions)	
J	We	bsite: N	A			•			Н	(c) Group	exemption nu	ımber 🕨	•	
K	Form	n of organization	X Corporation	Trust	Association	Other >		L Year o	f formation	188			egal domicile V	Т
Pa		Summar		1 1.000	1.0000.000.	1 4					<u> </u>			
	1		be the organizat	tion's missio	n or most sign	uficant activit	100	HMTTE	MEMBER	C TN A	NON-DD	OFTT	TRADE ORGAN	TONTION
	'	Differing descrip	oc tric organiza	1011 3 11113310	ir or most sign	illicant activit		ÔMI IE	MENDER	3 TN 7	NON-PR	ōt 11	TKADE OKGAN	TANTION
Activities & Governance	Ì					 -		-		_		- 		
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Je J	,	Charle 45: - 5												
õ	2	Check this bo			discontinued								1	_
વ્હ	4		ting members o dependent votin									3		<u>5</u>
es	5		of individuals e									5		
₹	5											6		_
둉	"-		of volunteers (e		-							7a	4.0	3 404
⋖			d business reve											3,494.
		Net unrelated	business taxab	ole income tr	om Form 990	-1, line 34	· · · · · <u> </u>	· · · ·	• • • •			7b		5,112.
		_								P	rior Year		Current `	
<u>o</u>	8		and grants (Pa	-	•						168,			2,735.
Ĕ	9	Program serv	ice revenue (Pa	art VIII, line 2	?g)		.				32,3			9,612.
Revenue	10		come (Part VIII,								4,	780.	<u> </u>	758.
Œ	11	Other revenue	e (Part VIII, colu	ımn (A), line	s 5, 6d, 8c, 9d	c, 10c, and 1	1e)				26,3	132.	18	3,669.
	12	Total revenue	- add lines 8	through 11 (must equal Pa	art VIII, colun	nn (A), line	12) .			231,2	277.	250	774.
	13	Grants and si	milar amounts	oaid (Part IX	, column (A),	lines 1-3) .								
	14		to or for member	•										
	15		r compensation	•							68,9	222	6.0	9,008.
es			•		,					<u> </u>	00,	722.	ļ	7,000.
Expenses	16a	Professional	fundraising fees	(Part IX, co	iumn (A), iine	110)				K-SKE -JEC	20 74-281 (0:0)-2	- 18.54 - 18.54	** ***********************************	a # 1505 (17)
ă	b	Total fundrais	ing expenses (Part IX, colu	mn (D), line 2	5) ►				影響		766	行關於指表	网络克里斯
Ш	17	Other expens	es (PartiX/col	unna (A), line	s 11a-11d, 1	1f-24e)					140,	116.	136	6,575.
	18		s Add lines 13								209,0			5,583.
	19		expenses. Sut								22,2			5,191.
<u> </u>		7.0707.00		1 5 2014	1001					Roginali			End of Y	
Net Assets of Fund Balance	20	Total assets	Part X, line 16)	ः क ८०१४						beginn	ng of Curre 534,2			4,808.
8₽	21		s (Part X, line 2									024.		623.
Ž .5	4	ii ii		/ July 11 11 11 11 11 11 11 11 11 11 11 11 11	; = · · · ·					<u> </u>				
			fund balances.	Subtract lin	e 21 from line	20	<u></u>		· · · · ·	<u> </u>	529,2	<u> 203.</u>	594	4,185.
Pa		Signatu	re Block											
Unde	penal	Ities of perjury, I de	clare that I have examer (other than officer	mined this return	including accom	panying schedule	es and statem	ents, and	to the best	of my know	dedge and be	elief, it is	true, correct, and	
com	piete D	eclaration of prepar	er (other than officer) is based on all	Information of whi	ch preparer has	any knowledg	e				-		
			June .	$V \subset$	nelle						10	19	1/24	
źSig	ın	Signati	ire of officer	- 1/:						Da	ate		,	
He		$\sim C L$	enenT	VAI	11anc	DURT			P_{\frown}	e5/2	コニック	-		
_; _;	-	Туре о	pnnt name and title		· · · · · ·	<u> </u>	1							
		Print/Type r	oreparer's name		Preparer's elgr	nature .)	121	Dat	te /	, ,	Check	ıf	PTIN	
()			•	CDA	Thomas	A Babic	CPA	<u> </u>	8/20	/14	self-employ		P0124483	7
Pa			s A Babic				CFA		y	/-/	Jen-employ		110124403	 -
	epar				Babic F	<u>'</u> ر			 -		ł <u> </u>		0077000	
US	e Or	nly Firm's addr	ess PO Bo	x 593							Firm's EIN		-0275888	
<u></u>	4		Barre	<u> </u>			VT 05	641			Phone no	(80		73
Ma	y the	IRS discuss th	is return with the	e preparer s	hown above?	(see instruc	ions)	<u> </u> .	. <u></u>	· · · · ·		<u>.</u> .	. X Yes	No
BA	A Fo	r Paperwork I	Reduction Act	Notice, see	the separate	instruction	s.		TEE	0101 11/0	08/13		Form 99	90 (2013)

	BARRE GRANITE ASSOC		03-0103260	Page 2
	tement of Program Service	· · · · · · · · · · · · · · · · · · ·		Г
	ibe the organization's mission:	e or note to any line in this Part III		• • • • •
=	EMBERS IN A NON-PROFI	T TOADE ODCANTAATION		
201111111	PUDENO TIL A NON-EKOFT			
			 	
2 Did the orga	nization undertake any significant p	rogram services during the year which we	re not listed on the prior	
			Yes	X No
	cribe these new services on Schedu		_	_
_	_	significant changes in how it conducts, ar	ny program services? Yes	X No
	cribe these changes on Schedule O			
Section 501	e organization's program service ac- (c)(3) and 501(c)(4) organizations a otal expenses, and revenue, if any,	nd section 4947(a)(1) trusts are required t	t program services, as measured by expense: to report the amount of grants and allocations	s i to
4 a (Code:) (Expenses \$ 1]	2,961. including grants of \$)(Revenue \$ 191	1,220.)
UNITED			DIRECTLY RELATED TO THE GR	
INDUSTR	Y, IN A NON-PROFIT TR	ADE ORGANIZATION. PROMOTE	ED THE GRANITE INDUSTRY,	
IMPROVE	D LABOR RELATIONS AND	PROVIDED TECHNICAL AND	OTHER ASSISTANCE TO MEMBERS	· ·
				 .
				
4 b (Code:) (Expenses \$	ıncluding grants of \$) (Revenue \$)
 _				 -
	-			
- -	-			
A a (Cada	\ (Funnance &	unduding grants of S) (Revenue \$	
4 c (Code) (Expenses \$	Including grants of \$) (Kevenue 🌣	
	-			~
			-	
	-			
				
	am services. (Describe in Schedule		\(\text{Persons}\)	,
(Expenses		uding grants of \$) (Revenue \$	<u>) </u>
4 e Total progr	am service expenses 🟲	112,961.		_

Form 990 (2013)

Partive Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III . . . 5 Х 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 'Yes,' complete Schedule D, X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes.' Х 8 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 Х 9 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a Х 11 b X 11 c 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 Х 11 d Х 11e e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If Yes,' and Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. Х 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a Х 14b Х 15 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. Х 17 column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Х lines 1c and 8a? If Yes, complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes, complete Schedule G, Part III. Х 19 Х 20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H 20 20 b b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2013) BARRE GRANITE ASSOCIATION, INC.

Partill Checklist of Required Schedules (continued)

1 52			Yes	No
			103	110
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		x
24 a	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 Schedulé K. If 'No,'go to line 25a	24a		X
t	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	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 so, complete Schedule L, Part II	26		х
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 entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
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).	TOWN.		で記れ
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections	32_		
	301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	_	X
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		 ^ -
t	o 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		x
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	
		F	000 (20421

BAA

Form 990 (2013) BARRE GRANITE ASSOCIATION, INC. Part V: Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0 冷影		23,0
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2 a 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 2 a	1		記述
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Sec. 4.32.5	131 34	# 12 h
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b	Х	
4 a 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		Х
b If 'Yes,' enter the name of the foreign country: ►			
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	13.00 m	- 1-2 VI 2	ا المنا والله
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a 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?	ба		х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).	The state of the s		100
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		ر ن <u>رد</u> 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		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	i i i	تاريخ	4.33
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7е		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		2 6 1
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business	the 8		
holdings at any time during the year?		,	53.3
a Did the organization make any taxable distributions under section 4966?	9a	1	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:	14.35	13/200	144
a Initiation fees and capital contributions included on Part VIII, line 12		1314	198
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b	\$ 10 P	3,25	,
11 Section 501(c)(12) organizations. Enter	\$		e a
a Gross income from members or shareholders	3 50 to	7.3	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	7.1 7.1 7.1 7.1 7.1 7.1 7.1 7.1 7.1 7.1		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a		ļ
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	17.00	7	1
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		1	(Bull)
a Is the organization licensed to issue qualified health plans in more than one state?	13 a	1 2	
Note. See the instructions for additional information the organization must report on Schedule O.		1.	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c Enter the amount of reserves on hand	***		X
14a Did the organization receive any payments for indoor tanning services during the tax year?	148	+	 ^
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14t		(2013)

Partivis 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. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х Did the organization make any significant changes to its governing documents 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 4.45 8 a X 8 b Х **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code Yes No 10 a Х b if 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes?............. Х 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a 1 b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c 13 Х 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? 15 2 15 b b Other officers of key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a 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 taken steps to safeguard the 16 h organization's exempt status with respect to such arrangements?..... Section 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Other (explain in Schedule O) Another's website X Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization: BARRE VT 05641 (802) 476-4131 51 CHURCH ST., BOX 481 ___ Form 990 (2013) BAA TEEA0106 07/02/13

Form 990 (2013) BARRE GRANITE ASSOCIATION, INC.	03-0103260	Page 7
Range Compensation of Officers, Directors, Trustees, Key Employees, High	ghest Compensated Employe	es, and
Check if Schedule O contains a response or note to any line in this Part VII		. <u>L</u>
Section A. Officers, Directors, Trustees, Key Employees, and Highest Comp	ensated Employees	
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year organization's tax year.	ending with or within the	
 List all of the organization's current officers, directors, trustees (whether individuals or organization compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. 	ions), regardless 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, direct who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more organization and any related organizations. 		
• List all of the organization's former officers, key employees, and highest compensated employee	es who received more than \$100,000	

• 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 Position (do not check more than one box, unless person is both an officer and a director/trustee) (F) (D) (E) (B) Estimated amount of other compensation from the organization and related organizations Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from related organizations (W-2/1099-MISC) Average hours per week (list any hours for related Individual frustee Highest compensated nstitutional trustee cy employee r director organiza-tions below dotted (1) ED LARSON 40.00 0. EXC DIR/AST TREAS Х 62,504. 0. 4.00 (2) CLEM VAILLANCOURT 0. 0. 0. Х PRESIDENT 2.00 (3) SARAH SOMERVILLE 0. 0. 0. Х TREASURER (4) MARK GHERARDI 2.00 0. 0. 0. Х TRUSTEE 2.00 (5) TOM GANDIN 0. 0. 0. TRUSTEE Х (6) ROB BOULANGER 2.00 0. 0. Х _ (7)_ _ (8) (9) (10) (11) (12) (13)(14)

Rantiville Section A. Officers, Directors, Trus	(B)	<u>Key</u>	En	npio ()		es,	and	d Hignest Con	npensated Emp	loyees	(continued)
(A) Name and title	Average hours per	offi	, unle cer a	Pos check ess pe	ition more rson i	than c s both or/trust	an ee)	(D) Reportable compensation from	(E) Reportable compensation from	Esti amoun	(F) mated t of other
	week (list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe froi orgar and	ensation in the sization related alzations
(15)											
(16)											
(17)											
(18)						-		-			
(19)											
(20)											
(21)									-		
(22)											-
(23)											
(24)									=		
(25)											-
1 b Sub-total		• • •	٠.	• •			>	62,504.	0.		0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							>	62,504.	0.		0.
2 Total number of individuals (including but not limited from the organization ▶							eive		000 of reportable co	mpensati	
non de organization									 		Yes No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such ind										. 3	ಿತವ ಸ್ಪರ್ X
4 For any individual listed on line 1a, is the sum of reporting organization and related organizations greater the such individual	an \$150,	000?	If 'Y	es'	com	piete	Scl	hedule J for		7 18 18 18 18 18 18 18 18 18 18 18 18 18	X
5 Did any person listed on line 1a receive or accrue confor services rendered to the organization? If 'Yes,' co.	mpensat	ion fr	om	any	unre	elated	d org	ganization or individ	dual	1 2 S	
Section B. Independent Contractors 1 Complete this table for your five highest compensate	d indepe	nden	t co	ntra	ctors	that	rec	eived more than \$	100,000 of		
compensation from the organization. Report compen (A)		r the	cale	enda	r ye	ar en	ding	(B)	(0	;)
Name and business addres	ss 						_	Description of	or services	Comper	isation ————
			_								
			-								
Total number of independent contractors (including b \$100,000 of compensation from the organization	ut not lin	nited	to ti	hose	liste	ed at	ove) who received mo	Last		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII . . . (A) Total revenue (C) (D) (B) Related or Unrelated Revenue excluded from tax business exempt under sections function revenue 512-514 revenue 1 a Federated campaigns 1 a 1 b b Membership dues . . . 182.735 1 c c Fundraising events d Related organizations 1 d e Government grants (contributions) . . 1 e AND OTHER SIM f All other contributions, gifts, grants, and similar amounts not included above. g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f PROGRAM SERVICE REVENUE **Business Code** 750 2a CONTRACT FEES 541900 4,635 0 0. 4,635 b AUDIOMETRIC TESTING 541900 0. 56200 31,227 f All other program service revenue 39,612 Investment income (including dividends, interest and other similar amounts) 9.758 9,758 Income from investment of tax-exempt bond proceeds . . . 5 Royalties (i) Real (ii) Personal 6 a Gross rents 4,800 b Less: rental expenses c Rental income or (loss) . . 4,800 d Net rental income or (loss) ,800 (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory. **b** Less. cost or other basis and sales expenses . . . c Gain or (loss) d Net gain or (loss).... 8 a Gross income from fundraising events OTHER REVENUE (not including. . \$ of contributions reported on line 1c). See Part IV, line 18. . . . **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19. **b** Less: direct expenses c Net income or (loss) from gaming activities . 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory 是否认为是正常是正规 Miscellaneous Revenue **Business Code** 0 12,467 11a BARRE LIFE AD REVENUE 511120 900099 389 389 b BAD DEBT RECOVERY 0 100 C RISK MANAGEMENT PROGRAM 100 d All other revenue は代の記録を大い 1 1 1 1 1 1 e Total. Add lines 11a-11d . . 12,956

48,494

Total revenue. See instructions . . .

9,787

Par	Statement of Functional Expen				73200 Tage 10
	ion 501(c)(3) and 501(c)(4) organizations must co	mplete all columns All o	ther organizations must	complete column (A)	
	Check if Schedule O contains a re	sponse or note to any lin	ie in this Part IX	<u></u>	
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16			general expenses	がなっている。
4	Benefits paid to or for members			是經濟學是是經過	运取了理想和是78 8
5	Compensation of current officers, directors, trustees, and key employees	62,504.			
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	46.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits				
10	Payroll taxes	6,458.		ļ	
11	Fees for services (non-employees):				
	Management	5 004		<u> </u>	
	Accounting	5,284.			
	Lobbying			<u> </u>	
	Professional fundraising services See Part IV, line 17			阿里尔西伯德斯 尔马	
	Investment management fees		STORY OF THE STORY OF		
g 12	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) Advertising and promotion	26,120. 60.			
13	Office expenses	1,885.			
14	Information technology	1,005.			
15	Royalties				
16	Occupancy	29,238.			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,375.	ļ		
20	Interest		<u> </u>		
21	Payments to affiliates	7 400			
22 23	Insurance	7,488. 24,098.		·	
	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.)	24,038			
а	PUBLISHING & PRINTING	12,672.			
	NEGOTIATIONS	5,888.			
	AUDIOMETRIC TESTING	4,565.			
	WEBSITE MANAGEMENT	3,480.		<u> </u>	
	All other expenses	10,422.		 	
25	Total functional expenses Add lines 1 through 24e	205,583.	ļ		<u> </u>
26	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 ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2013) BARRE GRANITE ASSOCIATION, INC. 03-0103260 Page 11 Part X Balance Sheet (B) (A) End of year Beginning of year 155,793. 196,252. 2 2 3 13,621 4 12,267. Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 ASSET 7 8 13,884 15,138 Prepaid expenses and deferred charges 9 n 10 a 10 a ,883 10 b 10 c 193,406 186,687 11 11 156,269 185,718. Investments - other secunties. See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 15 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 534,227 594,808. 17 5,024 17 623 18 18 Deferred revenue 19 19

22 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 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 26 Total liabilities. Add lines 17 through 25......... 26 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets....... 529,203 27 594,185 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

Escrow or custodial account liability. Complete Part IV of Schedule D

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

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Capital stock or trust principal, or current funds

20

21

22

30

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BAA

594,808. Form **990** (2013)

594,185

20

21

30

31

32

33

34

<u>529,203</u> <u>534,</u>227

Forn	990 (2013) BARRE GRANITE ASSOCIATION, INC. 03-	01032	260	Pag	ge 12
Pa	t®XI∰ Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	50,7	74.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	05,5	83.
3	Revenue less expenses. Subtract line 2 from line 1	3		45,1	91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	29,2	03.
5	Net unrealized gains (losses) on investments	5		19,7	91.
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	5	94,1	85.
Pa	t⊠ll∮ Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other	_		77/4	A 465
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				36.5
2 a	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:)	फ. इ.स. १५,४५ ८५ ज		
	X Separate basis Consolidated basis Both consolidated and separate basis				
t	Were the organization's financial statements audited by an independent accountant?		<u>2</u> b		Х
	If Yes, check a box below to indicate whether the financial statements for the year were audited on a separate			7115	ું કું કું કું આ
	basis, consolidated basis, or both:			1	
	Separate basis Consolidated basis Both consolidated and separate basis		242	-2.1	and the
•	lf 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the aud review, or compilation of its financial statements and selection of an independent accountant?	lit, 	2c		х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				لا من المؤلفة المسلمة المستان
3 a	i 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?		3 <u>a</u>		х
ı	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required a	udit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u> </u>			
BAA			Form	1 <mark>990</mark> (2	2013)

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

OMB No 1545-0047

ZUIJ

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Openito Publicit

f the organization answered 'Yes,' to 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,' to 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,' to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

_ • 5	Section 501(c)(4), (5), or (6) org	anizations: Complete Part III.			
Name	of organization			Employer identifica	ation number
BAF	RRE GRANITE ASSOCIA	TION, INC.		03-010326	0
Pāi	[例為 Complete if the o	TION, INC. rganization is exempt under section	on 501(c) or is a s	section 527 organi	zation.
1	Provide a description of the or	ganization's direct and indirect political campa	aign activities in Part I\	<i>I</i> .	
2				T	
_ 3		<u> </u>			
Pa	tliB. Complete if the o	rganization is exempt under section	on 501(c)(3).		
1	Enter the amount of any excis	e tax incurred by the organization under secti	on 4955	> \$	
2	Enter the amount of any excis	e tax incurred by organization managers unde	er section 4955	▶\$	
3	If the organization incurred a s	section 4955 tax, did it file Form 4720 for this	year?		· · · Tyes No
4 a	a Was a correction made?				· · · Tyes No
t	If 'Yes,' describe in Part IV.				
Pai	化底 Complete if the o	rganization is exempt under section	on 501(c) , excep	t section 501(c)(3).	
1	Enter the amount directly expe	ended by the filing organization for section 52	7 exempt function activ	vities ▶ \$	
2	Enter the amount of the filing of function activities	organization's funds contributed to other organization	nızatıons for section 52	?7 exempt	
3	Total exempt function expended in the 17b	stures Add lines 1 and 2. Enter here and on F	form 1120-POL,		
4	Did the filing organization file	Form 1120-POL for this year?			Yes No
5	Enter the names, addresses a organization made payments.	and employer identification number (EIN) of all For each organization listed, enter the amount no received that were promptly and directly de- action committee (PAC). If additional space is	I section 527 political on the paid from the filing of	organizations to which the organization's funds. Also political organization, suc	e filing enter the
	(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)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 20	BARRE GRANI	TE ASSOCIATION.	INC.	03-010	3260 Page 2
Partill A Complete if section 501	the organizatio	n is exempt under se	ction 501(c)(3) and	l filed Form 5768 (e	election under
A Check ► if the film	ng organization belon	gs to an affiliated group (and	d list in Part IV each affili	ated group member's nai	me,
		share of excess lobbying ex		.	•
		ed box A and 'limited contro			
(The term	Limits on Lobbyin 'expenditures' mea	ing Expenditures	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu					<u> </u>
		Islative body (direct lobbying	= :		
	-	l 1b)	= -		
	•	· · · · · · · · · · · · · · · · · · ·			
e Total exempt purpose ex	xpenditures (add lines	s 1c and 1d)			
f Lobbying nontaxable am both columns	nount. Enter the amou	unt from the following table i	n 		
If the amount on line 1e, col		The lobbying nontaxable		是是是政治教育。	
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$	1,000,000	\$100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over	\$1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000		
Over \$1,500,000 but not over	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000		\$1,000,000		"随话"的"说"。	
g Grassroots nontaxable a	mount (enter 25% of	line 1f)			
h Subtract line 1g from line	e 1a. If zero or less, e	nter -0			
i Subtract line 1f from line	1c. If zero or less, er	nter -0			_
		r line 1h or line 1i, did the or			Yes No
(Som	ne organizations tha	4-Year Averaging Period L It made a section 501(h) el ns below. See the instructi	ection do not have to c	omplete all of the five h 2f.)	
	Lobb	oying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable 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)) · · · ·					
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	n 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013BARRE GRANITE ASSOCIATION, INC. Partilies Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).			3260 m 576 8	}
	(;	a)		(b)
For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	A	mount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				1966 1966 1966 1966 1966 1966 1966 1966
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				ing in the second of the
Partill And Complete if the organization is exempt under section 501(c)(4), section 501 section 501(c)(6).	(c)(5)), or		I.v I.v.
Were substantially all (90% or more) dues received nondeductible by members?	 			X X
Partill:Ball Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) answered 'Yes.'	Part I), or s III-A,	line 3,	501(C) S
1 Dues, assessments and similar amounts from members		1		183,123.
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year		2 a		0.
b Carryover from last year	<i>.</i> 	2 b 2 c		0.
 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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?		3 555 4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		0.
Part Supplemental Information Provide 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); F Part II-B, line 1. Also, complete this part for any additional information.	'art II-A	A, line	2; and	

Schedule C (Folin 990 of 990-E2) 2013BARRE GRANITE ASSOCIATION, INC.	<u>03-010</u> 3260	Page 4
Part V. Supplemental Information (continued)		
	···	
		 -
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	. <b></b>	
	. <b></b>	
	<del>-</del>	
	<b></b>	
	<del>-</del>	

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

m990. Openito Rubile Inspection Section Section 1999.

RAI	RRE GRANITE ASSOCIATION, INC.			03-0103260
	Organizations Maintaining Donor	Advised Funds or O	her Similar Fur	
F~a	Complete if the organization answer	red 'Yes' to Form 990.	Part IV. line 6.	ias of Accounts.
		(a) Donor advised		(b) Funds and other accounts
1	Total number at end of year	(d) Bollot davisor	7 101103	(b) I dilas and sinci associate
2	Aggregate contributions to (during year)	<del></del>		
3	Aggregate grants from (during year)	<del></del>		
4	Aggregate value at end of year	<del></del>	<del></del>	
_	,	<del></del>		
5	Did the organization inform all donors and donor are the organization's property, subject to the organization's	nızation's exclusive legal co	ntrol?	· · · · · · · · · · · Yes No
6	Did the organization inform all grantees, donors, at for charitable purposes and not for the benefit of the impermissible private benefit?	ie donor or donor advisor, oi	for any other purpo:	se conferring
Pai	Conservation Easements. Complete if the organization answer	red 'Yes' to Form 990,	Part IV, line 7.	
1	Purpose(s) of conservation easements held by the			
	Preservation of land for public use (e.g., recrea	-		an historically important land area
	Protection of natural habitat	•	<b>⊢</b> —/	a certified historic structure
	Preservation of open space		<b>-</b>	
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation	contribution in the fo	rm of a conservation easement on the
	last day of the tax year.			FEIGHER
				Held at the End of the Tax Year
	Total number of conservation easements			
	Total acreage restricted by conservation easemen			F 1
	Number of conservation easements on a certified I		•	. 2c
•	Number of conservation easements included in (c) structure listed in the National Register		· · · · · · · · · · ·	
3	Number of conservation easements modified, transtax year ►	sferred, released, extinguish	ned, or terminated by	the organization during the
4	Number of states where property subject to conse	rvation easement is located	<b>-</b>	_
5	Does the organization have a written policy regard and enforcement of the conservation easements it	ling the periodic monitoring, holds?	inspection, handling	of violations,
6	Staff and volunteer hours devoted to monitoring, ir	nspecting, and enforcing cor	servation easement	s during the year
7	Amount of expenses incurred in monitoring, inspect	cting, and enforcing conserv	ation easements dur	ing the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requ	uirements of section	170(h)(4)(B)(ı) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the conservation easements.	conservation easements in organization's financial stat	its revenue and experience that describe	ense statement, and balance sheet, and es the organization's accounting for
Pai	Complete if the organization answer	tions of Art, Historica red 'Yes' to Form 990,	al Treasures, or Part IV, line 8.	Other Similar Assets.
1:	a If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel- in Part XIII, the text of the footnote to its financial s	d for public exhibition, educa	ation, or research in '	atement and balance sheet works of furtherance of public service, provide,
	b If the organization elected, as permitted under SF, historical treasures, or other similar assets held for following amounts relating to these items:	AS 116 (ASC 958), to report r public exhibition, education	in its revenue stater n, or research in furth	nent and balance sheet works of art, herance of public service, provide the
	(i) Revenues included in Form 990, Part VIII, line	. 1		
	(ii) Assets included in Form 990, Part X			▶\$
2	If the organization received or held works of art, his amounts required to be reported under SFAS 116	istorical treasures, or other s (ASC 958) relating to these	similar assets for fina items:	ncial gain, provide the following
	a Revenues included in Form 990, Part VIII, line 1			····· ► \$
	b Assets included in Form 990, Part X		<b></b> .	

Schedule D (Form 990) 2013 BARR	<u>E GRANITE</u>	ASSOCIATION,	INC.	03-010		Page 2
Part III Organizations Mainta	ining Colle	ctions of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (continu	ied)
<ol> <li>Using the organization's acquisition items (check all that apply).</li> </ol>	n, accession, a	nd other records, check	any of the following that	are a significant use of its	collection	
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Other				
c Preservation for future genera	itions	о <u> </u> оо.				
4 Provide a description of the organi		ions and explain how the	ey further the organizatio	n's exempt purpose in		
5 During the year, did the organizati to be sold to raise funds rather tha	on solicit or rec in to be maintai	eive donations of art, his	storical treasures, or other	er sımilar assets	Yes	No
Escrow and Custodia line 9, or reported an a	al Arrangem	ents. Complete if t	he organization ans		990, Part IV	,
1 a Is the organization an agent, truste on Form 990, Part X?	ee, custodian, c	or other intermediary for	contributions or other as	sets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement in					Amount	_ 
c Beginning balance					- Trioun	
d Additions during the year					<del> </del>	
e Distributions during the year				10	<del></del>	
f Ending balance						
2 a Did the organization include an an					Yes	No
b If 'Yes,' explain the arrangement in				L L		
Part V Endowment Funds. €	complete if the	ne organization ans	wered 'Yes' to Form		).	<b>_</b>
	(a) Current y	ear (b) Prior year	r (c) Two years back	k (d) Three years back	(e) Four years	s back
1 a Beginning of year balance					ļ	
<b>b</b> Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
<b>g</b> End of year balance					<u> </u>	
2 Provide the estimated percentage	of the current y	ear end balance (line 1	g, column (a)) held as:			
a Board designated or quasi-endow	ment <a> </a>	8				
b Permanent endowment ►	8					
c Temporarily restricted endowment	<b> </b>	કૃ				
The percentages in lines 2a, 2b, a	nd 2c should e	qual 100%.				
3 a Are there endowment funds not in organization by:	the possession	of the organization tha	t are held and administer	red for the	Yes	No
(i) unrelated organizations					. 3a(i)	
(ii) related organizations					. 3a(ii)	
b If 'Yes' to 3a(II), are the related org					. 3b	$\overline{}$
4 Describe in Part XIII the intended	uses of the org	anization's endowment f	funds.			
RartVI⊮ Land, Buildings, and			<del></del>			
Complete if the organi			990, Part IV, line 11	a. See Form 990, Pa	ırt X, line 10	
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book va	alue
1a Land	<del></del> .		162,898.	的認識的表示的	162	,898.
<b>b</b> Buildings			294,325.	275,383.		,942.
c Leasehold improvements			14,991.	10,914.	4	,077.
d Equipment			89,669.	88,899.		770.
e Other						
Total. Add lines 1a through 1e. (Columi		l Form 990, Part X. colu	ımn (B), line 10(c).)		186	,687.
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Part VIII Investments - Other Securities.			
Complete if the organization answered '			
(a) Description of security or category (including name of security)  (1) Financial derivatives	(b) Book value	(c) Method of valuation Cost or end-	of-year market value
(2) Closely-held equity interests			<del>_</del>
(3) Other			
(A)			
(B)			
(c)			
(D)	-		
(E)			
(F)			
(G)			
(H)			<del></del>
(I) Total (Column (h) must opini Form (III) Part V actions (II) Inc. 12)			The state of the s
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)			
Investments - Program Related. Complete if the organization answered	Yes' to Form 990, F	Part IV, line 11c. See Form 990, F	Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-	-of-year market value
(2)			<u> </u>
(3)	<u> </u>		
_(6)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) .► Part XX Other Assets.	<u> </u>	では、お思いないない。	G Particulation of the state of
Complete if the organization answered '	Yes' to Form 990, I	Part IV, line 11d. See Form 990, l	Part X, line 15.
<del></del>	escription		(b) Book value
(1)			<del> </del>
(2) (3)		<del></del>	
(4)			
(5)			
	·		
<u>(7)</u> (8)			<del> </del>
(9)	<del></del>		
(10)		——————————————————————————————————————	<b> </b>
Total. (Column (b) must equal Form 990, Part X, column (B),	line 15.)		
Part X Other Liabilities.			
Complete if the organization answered 'Yes' to F	form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	oblana and the comment
(a) Description of liability  (1) Federal income taxes	(b) Book value		
(2)			
(3)			
(4)			
(5)			
(6)			
(9)			
(10)			
(11)			
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	. <b>•</b>		AND STREET
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footax positions under FIN 48 (ASC 740). Check here if the text of the footnote			

Schedule D (Form 990) 2013 BARRE GRANITE ASSOCIATION, INC.	03-0103260	Page 4
Partxilla Reconciliation of Revenue per Audited Financial Statements With Revenue per I	Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1. J.	
a Net unrealized gains on investments		
b Donated services and use of facilities	_	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	-
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII )		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	er Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	<del></del>
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	35.5%	
a Donated services and use of facilities		
b Pnor year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.	3.74S	
a Investment expenses not included on Form 990, Part VIII, line 7b 4 a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	<del></del>	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
RantiXIIII Supplemental Information.		
Provide the descriptions required for Part II, Imes 3, 5, and 9; Part III, lines 1a and 4; Part IV, Imes 1b and 2b; Part V, Ime 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 addit	nonal information	
	- <b></b>	

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Schedule **D** (Form 990) 2013

Schedule D (Form 990) 2013	BARRE GRANITE ASSOCIATION, INC. al Information (continued)	03-0103260	Page 5
Ran XIII Supplementa	al Information (continued)		
	· <b></b>		
		-	
			<del>-</del> -
			<b>_</b> _
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### SCHEDULE O (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.

2013 Pento Publi e Inspection

OMB No. 1545-0047

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 BARRE GRANITE ASSOCIATION, 03-0103260 INC Pt_VI, Line 6 ORGANIZATION HAS MEMBERS THAT PAY ANNUAL MEMBER DUES. Pt_VI, Line 7a ORGANIZATION HAS ANNUAL MEETING ALLOWING MEMBERS TO VOTE FOR THE GOVERNING BODY. Pt_VI, Line 7b ORGANIZATION HAS ANNUAL MEETINGS ALLOWING MEMBERS TO VOTE ON DECISIONS OF THE GOVERNING BODY. Pt_VI, Line 11b _ THE ORGANIZATIONS EXECUTIVE DIRECTOR, PRESIDENT AND TREASURER REVIEWED AND APPROVED THE FULLY PREPARED 990 BEFORE FILING WITH THE IRS. Pt_VI, Line 15a THE_ORGANIZATIONS EXECUTIVE_DIRECTOR_IS_COMPENSATED_BASED ON A SALARY SET AND ELECTED BY THE BOARD OF DIRECTORS. THIS SALARY IS REVIEWED EACH YEAR AND ADJUSTED FOR INFLATION. Pt_VI, Line 19 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAIABLE FOR PUBLIC INSPECTION AT THE LOCATION OF THE ORGANIZATION

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 11g Other Service Fees (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
WASTE FACILITY STOCKPILE REMOVAL	24,234.			
WASTE FACILITY ROAD MAINTENANCE	1,100.			
WASTE FACILITY LAGOON EXCAVATION	150.			
WASTE FACILITY MISCELLANEOUS	250.			
WASTE FACILITY PERMITS	386.		_	

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
BANK & CREDIT CARD SVC	751.			
TELEPHONE	1,584.			
BUILDING MAINTENANCE	845.			
BAD DEBTS	166.			
POSTAGE AND SHIPPING	86.			
MEMBERSHIP EXPENSES	2,785.			
PROMOTION MATERIALS	337.			
REGULATORY EXPENSE	937.			
CEMETARY STONE CLEANING	2,500.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
SUBSCIPTIONS AND PUBLICATIONS	431.			