

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**Return of Organization Exempt From Income Tax** 

OMB No. 1545-0047

2014

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A	For the	2014 calen	dar year, or tax	year begi	nning Jun	1	, 20	14, and	ending	May	31	1	. 2015	
В	Check if ap		C Name of organ		RRE GRAN							yer identification number		
	Addre	ess change	Doing business				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		••	03-	0103	260	
	Name	change	Number and st	reet (or P O bo	x if mail is not del	livered to street a	ddress)		Room/su	te	E Telephi			
	н`	return	51 CHURCH				•		вох	101			76-413	.1
	⊢⊣	eturry/terminated			country, and ZIP	or foreign postal	code		NOA!	101	(00	Z) 4	76-413	
	$\vdash$	ded return	BARRE	·	• • • • • • • • • • • • • • • • • • • •			m 0.5	C 4 3		ء ما		c 000	407
	$\vdash$	cation pending	F Name and add	rese of nancina	l officer		V	T 05	641	(a) le thie :	G Gross r			, 427 ,
	المراكب	adon pending									•		L-	Yes X No
	Tay ove	empt status	ED LARSON 501(c)(3)		URCH ST	BARRE		VT 05	641	If 'No,'	subordinates attach a list. (	see instr	uctions)	
÷		<del></del>		X 501(c) (	6 ) <b>▼</b> (i	nsert no )	4947(a)(1)	or	527					
<del></del>	Websi			· · · · · · · ·						• • •	exemption nu			
K		organization	X Corporation	Trust	Association	Other		L Year of	f formation.	188	9 <b>M</b> s	state of le	gal domicile	VT
Ha		Summar												
<u> </u>	1 Br	ietiy describ	e the organizat	ion's missio	n or most sigi	nificant activi	ties:	<u>UNITE</u>	MEMBER	<u>S IN A</u>	NON-PRO	OFIT_	<u> TRADE OR</u>	RGANIZATION
<b>©</b>	_						- <b></b>			<b>-</b>				
<u> </u>	_													
GIOJEGENSER OFININGEROGESTUMENACIONIES OF TO STUMENACIONIES OF THE STUMENT OF THE	2 -	eck this box											<b>-</b>	
⊢ଞ୍ଜି			ing members of	organization f the govern	discontinue	u ils operatio	ns or aispo	sea of r	nore tha	n 25% o	of its net as	isets.   3		-
چچ	4 Nu	umber of ind	ependent voting	members	of the govern	ing body (Pa	rt VI line 1	b)				4		
	5 To	tal number	of individuals er	nploved in a	calendar vear	2014 (Part \	/. line 2a) .					5		<u>5</u> 1
	<b>6</b> To	tal number	of volunteers (e	stimate if ne	ecessary)							6		0
Œ	7a To	tal unrelated	d business reve	nue from Pa	art VIII, colum	nn (C), line 1	2					7a		44,256.
	b Ne	et unrelated	business taxabl	le income fr	om Form 990	-T, line 34						7b		-17,773.
<u> </u>		Vi				<del>-</del> -					rior Year			ent Year
<b>S</b>	8 Cc	ontributions a	and grants (Par	t VIII, line 1	h)						182,7	35		177,505.
			ce revenue (Pa								39,6	$\rightarrow$		29,877.
<b>S</b>			ome (Part VIII,									58.		23,695.
			(Part VIII, colu								18,6			16,191.
Z	<b>12</b> To	tal revenue	- add lines 8 tl	hrough_11_(i	must equal Pa	art VIII, colur	nn (A), line	12)			250,7			247,268.
	<b>13</b> Gr	ants and sin	nilar ambunts p	ald (Part IX	column (A),	tinęs 1-3) .					<u></u>			
4	14 Be	nefits paid t	o or for membe	rs (Part IX.	column (A), lı	ne 4)								· · · · · · · · · · · · · · · · · · ·
			compensation,								69,0	0.8		77,067.
<b>36</b>			ındraişing fees								03,0	-	-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
۶	•		ng expenses (P		Ico	. 1				<b>医样型</b> 。也	NET AL JUNE	egiziny v	47253424	Chisana-alber
1			- a 11 11 11			<i>-</i>				化温度环	The Control	4 75 4	"是"。	<b>然,并除了。但就</b> 得
			es (Part IX, colu								136,5			153,644.
Š			s. Add lines 13-								205,5	83.		230,711.
_	<b>19</b> Re	evenue less	expenses. Subt	tract line 18	from line 12	· · · · · ·	<u></u>				45,1			16,557.
10.04										Beginnin	g of Curren	t Year		of Year
호를		•	Part X, line 16)						• • • •		594,8	08.		<u>596,674.</u>
Net Assets o Fund Balance	<b>21</b> To	tal liabilities	(Part X, line 26	)					• • • •		6	23.		523.
			und balances.	Subtract line	21 from line	20					594,1	85.		596,151.
Pa	HIIS	Signature	e Block											<u> </u>
			are that I have exami	ined this return,	Including accomp	panying schedule	s and stateme	nts, and to	the best o	f my knowl	edge and beli	ef, it is tn	ue, correct, a	nd
comp	lete Declara	ation of prepare	(other than officer)	s based on all	htormation of whi	ch preparer has	any knowledge					1		
		X	Cerrit A	1 and	WI D					X	10		4/14	>
Sig	n	(Signetore	e of officer	,	·					Pai	te i		,	
Hei	re	CLEM	ENT VAILL	ANCOURT	r									
		Type or p	orint name and title.		- (									
		Print/Type pre	eparer's name		Preparer s sign	Bture	112 00	Date			Check	ıf	PTIN	
Pai	d	Reta M	. Sanders	, CPA	Re Ca M.	Sinder	s, CEFA	$2 _{10}$	/01/1	5	self-employe	_   d	P01244	758
	parer	Firm's name		dor and	Babic P									
	Only	Firm's addres						•			Firm's EIN	. na-	-027588	38
	•		Barre			···	VT 056	541			Phone no	(802		-8673
Mav	the IRS	discuss this	return with the	oreparer sh	own above?				• • • •	<del></del>		1002	X Yes	

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

Form 990 (2014)

Form	1990 (2014) BARRE GRANITE ASSOCIATION,	INC.	03-0103260 Page 2
Pai	Statement of Program Service Accompl		
	Check if Schedule O contains a response or note to a	ny line in this Part III	
1	Briefly describe the organization's mission:		
	UNITE MEMBERS IN A NON-PROFIT TRADE	ORGANIZATION	
		~~~~~~	
2	Did the organization undertake any significant program service	es during the year which were not listed on	the prior
	Form 990 or 990-EZ?		
	If 'Yes,' describe these new services on Schedule O.		0 0
3	Did the organization cease conducting, or make significant ch	nanges in how it conducts, any program serv	vices? Yes X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishment Section 501(c)(3) and 501(c)(4) organizations are required to and revenue, if any, for each program service reported.	s for each of its three largest program service report the amount of grants and allocations	ces, as measured by expenses. to others, the total expenses,
4.2	(Code. ) (Expenses \$ 126,296, in	ncluding grants of \$	)(Revenue \$ 182,126.)
70	UNITED MEMBERS, WHOSE PRINCIPAL BUSI		
	INDUSTRY, IN A NON-PROFIT TRADE ORGA		
	IMPROVED LABOR RELATIONS AND PROVIDE		
4 b	(Code ) (Expenses \$ ir	ncluding grants of \$	) (Revenue \$)
4.0	(Code ) (Expenses \$ in	acluding grants of \$	) (Revenue \$ )
40	/(Cooco) (Exherises 4		
4 d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants o		\$ )
4 e	Total program service expenses ► 126, 2	96.	Form 990 (2014)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		х
2		2		Х
3		3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		·
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	Х	-
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 'Yes,' complete Schedule D, Part I	6		х
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		х
8		8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
;	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If Yes, complete Schedule  D, Part VI	11 a	х	
I	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	11 b	х	
•	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	11 c		х
•	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	х	
1	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	11 f		х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		х
	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	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If Yes, complete Schedule E	13	ļ	<u> </u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
k	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
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		х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		х
20 a	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
b	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

·F.a	Triv   Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
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 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? If 'Yes,' complete			х
	Schedule J	23	$\vdash$	
24 8	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 Schedule K If 'No, 'go to line 25a	24a		Х
1	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(	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		
(	Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25 8	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		
ı	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 'Yes', complete Schedule L. Part II	26		х
27		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).	<b>新教</b>	diang the	
ē	A current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV	28a	المتمنعة	X
	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		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
t	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		х
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	
BAA		Form	990 (2	2014)

Form 990 (2014) BARRE GRANITE ASSOCIATION, INC Page 5 03-0103260 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V . . . . . . . . . . . . Yes No 1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . 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 374 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 . . . . . b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2 h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?.... 3 a X b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O..... 3 h 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)? . . . **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) 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?....... 5 a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . 5 b 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and Х 7 a 7 b **b** If Yes, did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file X 7 c Х e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . 7 e X 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?... g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 q h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring R organization have excess business holdings at any time during the year? . . . . . . . . . . . . . . Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? . . . . . 9 a **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?... 9 b Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12. . . . . . . 10 a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . 10 b 11 Section 501(c)(12) organizations. Enter 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)............ 12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . 12 a **b** If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year . . . . . 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 a a Is the organization licensed to issue qualified health plans in more than one state? . . . . . . . . Note. See the instructions for additional information the organization must report on Schedule O.

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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 . . . . . . . . . . . . . . . . .

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14 a

For	m 990 (2014) BARRE GRANITE ASSOCIATION, INC. 03-0103260		F	age 6
P	Tt.VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b belo	w, ar	d for	
	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	in		
	Schedule O. See instructions.			[J]
	Check if Schedule O contains a response or note to any line in this Part VI	• • •	<u></u>	. x
<u> 5e</u>	ction A. Governing Body and Management			<del></del>
			Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year			
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
				9
	b Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents		!	
	since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			1
	members of the governing body?	7 a	X	
	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7 b	Х	<u></u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
	a The governing body?	8 a	Х	
	<b>b</b> Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		Х
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.	
			Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	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 operations are consistent with the organization's exempt purposes?	10 b		
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	Х	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1	海海	
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	سالى خىلگ	X
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12 b		
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in			
	Schedule O how this was done	12 c		L
13	· · · · · · · · · · · · · · · · · · ·	13		Х
14	· · · · · · · · · · · · · · · · · · ·	14		Х
15				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	7 60 4	٤	200
	a The organization's CEO, Executive Director, or top management official	15a	X	
	<b>b</b> Other officers or key employees of the organization	15 b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).		1.27	
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16 a		X
	b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its	7.55	ا) ميدوريد الأوساريد	3.45
	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?	16 b	المعادل	
Se	ction C. Disclosure			
17				
18		availah	– – – le	
. 0	for public inspection. Indicate how you made these available. Check all that apply.	+ anaL		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19		le 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.			

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Form <b>990</b> (2014) BARRE GRANITE ASSOCIAT	ION, ]	INC.		03-01032	
Partivila Compensation of Officers, Directors Independent Contractors	rs, Tru	stees, Key Employe	es, Highest C	ompensated Er	nployees, and
Check if Schedule O contains a response or r	note to an	y line in this Part VII			<u> </u>
Section A. Officers, Directors, Trustees, Ke	y Emp	loyees, and Highest	Compensate	d Employees	
1 a Complete this table for all persons required to be listed organization's tax year.					
<ul> <li>List all of the organization's current officers, director compensation. Enter -0- in columns (D), (E), and (F) if no</li> </ul>	rs, trustee compensa	s (whether individuals or on the street of t	organizations), reg	ardless of amount of	
<ul> <li>List all of the organization's current key employees,</li> </ul>	if any. Se	e instructions for definition	n of 'key employee	.'	
<ul> <li>List the organization's five current highest compens who received reportable compensation (Box 5 of Form W- organization and any related organizations.</li> </ul>	ated emp 2 and/or l	loyees (other than an offic Box 7 of Form 1099-MISC	er, director, trusted ) of more than \$10	e, or key employee) 0,000 from the	
<ul> <li>List all of the organization's former officers, key emportable compensation from the organization and any</li> </ul>	oloyees, a related o	ind highest compensated or rganizations.	employees who re	ceived more than \$1	00,000
<ul> <li>List all of the organization's former directors or true organization, more than \$10,000 of reportable compensation.</li> </ul>	stees tha on from ti	t received, in the capacity ne organization and any re	as a former directo	or or trustee of the s.	
List persons in the following order: individual trustees or di employees, and former such persons.					ed .
Check this box if neither the organization nor any relat	ed organi	zation compensated any o	current officer, dire	ctor, or trustee.	
		(C)			
(A) Name and Title	(B) Average hours per	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	(F) Estimated amount of other compensation
	week (list any hours for related	Former Highest temploye Key emp Officer Instituto Individut or direct	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations

(A) Name and Title	(B) Average hours per	age is both an officer and a urs director/trustee) co				(D)  Reportable compensation from the organization	(E)  Reportable  compensation from  related organizations	(F) Estimated amount of other compensation	
	week (list any hours for related organiza- tions below dotted line)	mmer ghest compensated ployee y employee ficer ficer shiutronal frustee director		(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations			
_(1)_ED_LARSON EXC_DIR/AST_TREAS	40.00	Х					69,784.	0.	0.
(2) CLEM VAILLANCOURT PRESIDENT	<u>4.</u> 00			х			0.	0.	0.
TREASURER	_2.00			х			0.	_0.	0.
_(4)_ MARK_GHERARDI TRUSTEE	2.00	х					0.	0.	0.
(5) TOM GANDIN TRUSTEE	2.00	х					0.	0.	0.
_(6)_ ROB_BOULANGER TRUSTEE	2.00	х					0.	0.	0.
_(7)									
(8)									
(9)									
(10)	<b>-</b>								
(11)									
(12)									
(13)							-		
(14)							-		

Part VII Section A. Officers, Directors, Tru		Key	En			es,	an	d Highest Con	pensated Emp	loyees (continued)
	(B)			•	C) sition				<b>(=)</b>	
(A) Name and title	Average hours per	box	i, unte	iss pe	rson directi	than o s both or/trust	an 88)	(D)  Reportable compensation from	(E)  Reportable compensation from	(F) Estimated amount 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-z/1099-MISC)	related organizations (W-2/1059-MISC)	compensation from the organization and related organizations
<u>(15)</u>								<del>  _ ,</del>		
(16)										
(17)		<del> </del>								
(18)										
(19)			L		<del></del>		_			
(20)										
(21)									,	
(22)										
(23)									,	-
(24)										
(25)										
1 b Sub-total		• • •	•		• •	• •	•	69,784.	0.	0.
c Total from continuation sheets to Part VII, Section						• •	•	60.704		
d Total (add lines 1b and 1c)							ive	69,784. d more than \$100,0	0.000 of reportable con	0. mpensation
nom the organization								<del> </del>	<del> </del>	Yes No
3 Did the organization list any former officer, director, on line 1a? If 'Yes,' complete Schedule J for such in										. 3 X
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the such individual	han \$150,0	000?	If 'Y	'es' d	com	olete	Sch	nedule J for		4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,' c	ompensati	on fr	om a	any (	unre	lated	org	anization or individ		المنافقة المنافقة
Section B. Independent Contractors										
1 Complete this table for your five highest compensate compensation from the organization. Report compe	ed indepe nsation foi	nden the	t cor cale	ntrac	tors yea	that er end	rece	eived more than \$1 with or within the	100,000 of organization's tax ye	ear
(A) Name and business addre	ess							(B) Description o		(C) Compensation
	· · · · · · · · · · · · · · · ·				<del></del>					
2 Total number of independent contractors (including	but not lim	nited	to th	ose	liste	d ab	ove)	) who received mo	re than	
\$100,000 of compensation from the organization									.2.	entra de de la desta de la companya

Form 990 (2014) BARRE GRANITE ASSOCIATION, INC.

Part VIII Statement of Revenue

		Check if Schedule O c	ontains a respo	nse or note to any li	ne in this Part VIII.			<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue and Other Similar Amounts	1:	Federated campaigns .  Membership dues  Fundraising events	1b	177,505.				
uttions, Gif her Similar		d Related organizations .  Government grants (contribution f All other contributions, gifts, graimlar amounts not included a	ons) 1 e					
Contrib and Ot	9	Noncash contributions included Total. Add lines 1a-1f.	d in lines 1a-1f \$	▶ Business Code	177,505.			
Revenu	2 8	AUDIOMETRIC TES	 STING	541900	4,621.	4,621.	0.	0.
n Service	0	WASTE FACILITY			25,256.	0.	25,256.	0.
Program	1	All other program service Total. Add lines 2a-2f	· · · · · · · · ·		29,877.			
	3 4 5	Investment income (included the similar amounts).  Income from investment of Royalties	of tax-exempt b	ond proceeds	12,613.	0.	0.	12,613.
	6 a	Gross rents	(i) Real 4,800	(ii) Personal				
	C	Rental income or (loss)	·		4,800.	0.	4,800.	0.
		Gross amount from sales of assets other than inventory  Less. cost or other basis	(i) Securities 49, 131	(II) Other				
		and sales expenses	38,049 11,082		11,082.	0.	0.	11,082.
verue	8 a	Gross income from fundra (not including \$ of contributions reported of						
Other Revera		See Part IV, line 18 b Less: direct expenses . : Net income or (loss) from		a b				
0	9 a	Gross income from gamin See Part IV, line 19	ng activities.	a				
	C	Net income or (loss) from	gamıng activiti	bes▶				
	b	Gross sales of inventory, and allowances Less cost of goods sold		2,301. b 5,110.				
	11 a	54767	)	Business Code 511120	-2,809. 14,200.	-2,809. 0.	0. 14,200.	0. 0.
	b d	All other revenue						
	e 12	Total. Add lines 11a-11d Total revenue. See instru			14,200. 247,268.	1,812.	44.256.	23,695.

Form 990 (2014) BARRE GRANITE ASSOCIATION, INC. Page 10 03-0103260 Part IX: Statement of Functional Expenses (B) Program service expenses (A) Total expenses (C) Management and (D) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Gapenses general 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....

_	individuals. See Part IV, line 22				中国教徒的"一"
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16.				
4	Benefits paid to or for members			超别都是无法的 建筑	12四天教育、李祖
5	Compensation of current officers, directors, trustees, and key employees	69,784.			
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	0.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits				
10	Payroll taxes	7,283.	_		
11	Fees for services (non-employees):				
а	Management				
b	Legal	5,776.			
C	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .		分割的是是不完全的	記れば野野が開設	
f	Investment management fees				
g	Other (If line 11g amt exceeds 10% of line 25, column	32,073.			
12	(A) amount, list line 11g expenses on Schedule O) Advertising and promotion			<del></del>	
13	Office expenses	250. 2,198.		<del></del>	
14	Information technology	2,190.			
15	Royalties				<u> </u>
16	Occupancy	26,720.		·····	
17	Travel	20, 120.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	4100 70		July 2	
19	Conferences, conventions, and meetings	9,154.			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7,282.			
23	Insurance	28,285.			
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	PUBLISHING & PRINTING	14,277.			
þ	NEGOTIATIONS	730.			<u> </u>
C	AUDIOMETRIC TESTING	4,593.			_
d	WEBSITE MANAGEMENT	8,887.			
е	All other expenses	13,419.			
25	Total functional expenses. Add lines 1 through 24e	230,711.			
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)				
BAA		TEEA0110 05/	/28/14		Form 990 (2014)

Form 990 (2014) BARRE GRANITE ASSOCIATION, INC. Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	196,252.	1	193,510.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	12,267.	4	17,207.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		遯	
	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		5 6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	13,884.	8	10,022.
As	9	Prepaid expenses and deferred charges	0.	9	0.
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation	186,687.	10 c	181,191.
	11	Investments – publicly traded securities	185,718.	11	194,744.
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	<u> </u>
	15	Other assets. See Part IV, line 11	-	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	594,808.	16	596,674.
	17	Accounts payable and accrued expenses	623.	17	523.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
ן⊏	23	Secured mortgages and notes payable to unrelated third parties		23	<del></del>
	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	
	26	Total liabilities. Add lines 17 through 25	623.	26	523.
es		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Ĕ	27	Unrestricted net assets	594,185.	27	596,151.
퓽	28	Temporarily restricted net assets		28	
8	29	Permanently restricted net assets		29	
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.		AND THE REAL PROPERTY.	
S	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u>ت</u>	33	Total net assets or fund balances	594,185.	33	596,151.
Z	34	Total liabilities and net assets/fund balances	594,808.	34	596,674.
	<del></del>				Form 000 (2014)

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Form **990** (2014)

	n 990 (2014) BARRE GRANITE ASSOCIATION, INC. 0	3-0	103260	)	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets		·			
	Check if Schedule O contains a response or note to any line in this Part XI					ப
1		$\cdot \top$	1		47,2	68.
2	Total expenses (must equal Part IX, column (A), line 25)	. [	2	2	30,7	11.
3	Revenue less expenses. Subtract line 2 from line 1	. [	3		16,5	57.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		4		94,1	
5	Net unrealized gains (losses) on investments	. [	5		14,5	
6	Donated services and use of facilities	. [	6			
7	Investment expenses		7			
8	Pnor 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))	<u>·                                     </u>	10	5	<u>96,1</u>	<u>51.</u>
Pa	元义[世] Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. П
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				Yes	No
2 :	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a	Х	İ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed o separate basis, consolidated basis, or both:  X Separate basis Consolidated basis Both consolidated and separate basis	na				
1	Were the organization's financial statements audited by an independent accountant?			2 b		х
	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					
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	iudit,		2 c		х
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				经国	
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Audit Act and OMB Circular A-133?	·		3 a		х
ı	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		

Form 990 (2014)

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### 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 2014

Department of the Treasury Internal Revenue Service	Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and It instructions is at www.irs.gov/form990.	Open to Public					
If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then							

_	Section 30 I(C) (Other than Section	ion out (c)(o)) organizations: Complete Parts (	-A and C below. Do no	ot complete Part I-B.	
	Section 527 organizations: Con			•	
lf th	e organization answered 'Yes	s,' to Form 990, Part IV, line 4, or Form 990	EZ. Part VI. line 47 (L	obbying Activities), the	en
•	Section 501(c)(3) organizations	that have filed Form 5768 (election under se	ction 501(h)): Complete	e Part II-A. Do not compl	ete Part II-B.
•	Section 501(c)(3) organizations Part II-A.	that have NOT filed Form 5768 (election und	er section 501(h)) Cor	mplete Part II-B. Do not o	complete
If th (Pro	e organization answered 'Yes xy Tax) (see instructions), th	s,' to Form 990, Part IV, line 5 (Proxy Tax) ( en	see instructions) or F	orm 990-EZ, Part V, lin	e 35c
•	Section 501(c)(4), (5), or (6) org	ganizations: Complete Part III.			
Name	e of organization		<del></del>	Employer identific	ation number
BA	RRE GRANITE ASSOCIA	ATION. INC		03-010326	n
Pà	rt I-A Complete if the o	organization is exempt under secti	on 501(c) or is a	section 527 organi	zation
		rganization's direct and indirect political camp			
		· · · · · · · · · · · · · · · · · · ·			
2	Voluntaes house			· · · · · · · · · · · · · · · · · · ·	·
Dia.	volunteer nours				
r.a	Complete if the o	rganization is exempt under section to the tax incurred by the organization under section to the tax incurred by the organization under sections.	on 501(c)(3).		
1	Enter the amount of any excis	se tax incurred by the organization under sect	ion 4955	<b>&gt;</b> \$	
2	Enter the amount of any excis	se tax incurred by organization managers und	er section 4955	▶\$	
3		section 4955 tax, did it file Form 4720 for this			
4	a Was a correction made?				Yes No
	b If 'Yes,' describe in Part IV.				
Рã	rt I-C Complete if the o	rganization is exempt under secti	on 501(c) , excep	t section 501(c)(3)	
1	Enter the amount directly exp	ended by the filing organization for section 52	7 exempt function activ	vities · · · · . ► \$	
2	Enter the amount of the filing function activities	organization's funds contributed to other orga	nizations for section 52	27 exempt 	
3	Total exempt function expend line 17b	itures. 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	organization made payments. amount of political contribution	and employer identification number (EIN) of all For each organization listed, enter the amount ins received that were promptly and directly de action committee (PAC). If additional space is	nt paid from the filing o	organization's funds. Also political organization, suc	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)					<u>-</u> _
(3)					
(4)					
(5)					
(6)					

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

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Schedule C (Form 990 or 990-EZ) 2014

. Sahadula 0 (Farra 000 as 000 FT) 200	04.4				
Schedule C (Form 990 or 990-EZ) 20 Part II A Complete if section 501	the organization	TE ASSOCIATION,  n is exempt under se	INC . ection 501(c)(3) an	03-010 d filed Form 5768 (	23260 Page 2 election under
	<del>``</del>			P-4-1	
		gs to an affiliated group (and		liated group members na	me,
		share of excess lobbying ex			
B Check ► if the filir	ng organization check	ed box A and 'limited contro	ol' provisions apply.		
(The term	Limits on Lobbyin 'expenditures' mea	ng Expenditures ins amounts paid or incuri	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence publi	c opinion (grass roots lobby	ing)		
b Total lobbying expenditu	ires to influence a leg	islative body (direct lobbying	g)		
		1b)			
				•	
• • •	•	s 1c and 1d)			
f Lobbying nontaxable am	nount. Enter the amou	int from the following table in	n		
both columns		<u> </u>			
If the amount on line 1e, col	lumn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e.			AND THE RESERVE
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess	s over \$500,000.		
Over \$1,000,000 but not over	\$1,500,000	\$175,000 plus 10% of the excess	s 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	Over \$17,000,000 \$1,000,000				<b>公理的</b>
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			
<u> </u>	*	nter -0			
j If there is an amount oth	er than zero on eithe	r line 1h or line 1i, did the on	ganization file Form 472		∏Yes ∏No
		<del></del>			· · · · <u> </u>
(Son	ne organizations tha	4-Year Averaging Period U t made a section 501(h) el us below. See the instructi	ection do not have to		
	Lobb	ying Expenditures During	4-Year Averaging Per	iod	
Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) Total
2 a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					

f Grassroots lobbying expenditures . . . . . . . . . . . . .

d Grassroots nontaxable amount

e Grassroots ceiling amount (150% of line 2d, column (e))

Schedule C (Form 990 or 990-EZ) 2014

Part II-Ball Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(b)		
		No		Amount		
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 1)?						
c Media advertisements?			tara para para para para para para para			
d Mailings to members, legislators, or the public?			-			
e Publications, or published or broadcast statements?			.=.			
f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, government officials, or a legislative body?						
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					-	
I Other activities?						
j Total. Add lines 1c through 1i						
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ALC: SEE		<b>建料</b> 像	***	清"智型	
b If 'Yes,' enter the amount of any tax incurred under section 4912	13.01	<b>484</b>	تشدست	مد المداد	المحدد فيخسر فكان الماء	
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912						
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	77 THE	>2000	472.534	###.JUE		
Partill A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)		EAC. DOWN.	er american makeria	BUX YEAR-EL S	
section 501(c)(6).	(0)(0)	, 0.				
				Yes	No	
1 Were substantially all (90% or more) dues received nondeductible by members?			$\cdots$ L	1	X	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			🗀	2	<u> </u>	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?				3	X	
Part III:B 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.'	(c)(5) Part	, or s III-A,	ection line 3,	501(c is	:)	
1 Dues, assessments and similar amounts from members		1		177,	505.	
2 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		2 b				
c Total		2 c			0.	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
		NAME OF				
4 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				
5 Taxable amount of lobbying and political expenditures (see instructions)		5	, , , , , , , , , , , , , , , , , , , ,		0.	

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); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

BARRE GRANITE ASSOCIATION, INC. 03-0103260 Pantil族 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds 1 Aggregate value of contributions to (during year) . . . Aggregate value of grants from (during year) . . . . . Aggregate value at end of year . . . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 advisor, or for any other purpose conferring Partill Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 a 2 b 2 c c Number of conservation easements on a certified historic structure included in (a) . . . . . . . . . . d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? . . . . . . . . . . . . . . In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: Revenue included in Form 990, Part VIII, line 1........ If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: ▶ \$

Schedule D (Form 990) 2014 BARRE GRA	NITE ASSOCIAT	ION, INC.	•		03-010	3260		Page 2
Part III Organizations Maintaining				r Other	Similar Ass	ets (c	ontinu	ed)
3 Using the organization's acquisition, accesitems (check all that apply):	sion, and other record	s, check any o	of the following that	are a signr	ficant use of its	collect	ion	
a Public exhibition	d [	Loan or exc	change programs					
<b>b</b> Scholarly research	e [	Other						
c Preservation for future generations	-	_						
4 Provide a description of the organization's Part XIII.								
5 During the year, did the organization solicit to be sold to raise funds rather than to be	or receive donations of the maintained as part of the	of art, historica ne organization	al treasures, or other	er similar as	ssets 	Yes		No
Escrow and Custodial Arra	ngements. Comp on Form 990, Par	lete if the or	rganization ans 	wered 'Y	es' to Form	990, F	art IV	,
1 a Is the organization an agent, trustee, custo on Form 990, Part X?	dian, or other intermed	diary for contri	butions or other as	sets not inc	luded	Yes		No
<b>b</b> If 'Yes,' explain the arrangement in Part XII	II and complete the foll	owing table:						
						Amount		
c Beginning balance								
d Additions during the year								
e Distributions during the year								
f Ending balance					<u> </u>	-1-2		-T
2 a Did the organization include an amount on				-	<u> </u>		-	_  No
b If 'Yes,' explain the arrangement in Part XII			•				· · · L	_ 
Part V Endowment Funds. Comple	te if the organizati	on answere	ed 'Yes' to Forn	n 990, Pa	rt IV, line 10	).		
(a) C	Current-year———(b)	Prior-year-	(c)-Two-years-back	( <b>d)</b> -TI	ree years back	(e) F	our-years	back—
1 a Beginning of year balance								
<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								
g End of year balance						ļ		
2 Provide the estimated percentage of the cu	rrent year end balance	e (line 1g, colu	ımn (a)) held as:			-		
a Board designated or quasi-endowment	8	,	. ,,					
b Permanent endowment ►	9							
c Temporarily restricted endowment ▶	<del></del>							
The percentages in lines 2a, 2b, and 2c sh	ould equal 100%.							
3 a Are there endowment funds not in the poss	·	ition that are h	eld and administer	ed for the		Г	Yes	No
organization by: (i) unrelated organizations						3a(i)	163	110
(ii) related organizations						3a(ii)		<del> </del>
						3b		<del> </del>
b If 'Yes' to 3a(ii), are the related organization	· · · · · · · · · · · · · · · · · · ·					39		Щ
4 Describe in Part XIII the intended uses of the		wment lunus.						
Part VI Land, Buildings, and Equip Complete if the organization a		Form 990	Part IV line 11	s See Fo	orm 990 Pa	rt X liz	ne 10	
<del></del>	<del></del>		· · · · · · · · · · · · · · · · · · ·					
Description of property	(a) Cost or other (investmen		) Cost or other basis (other)	depr	umulated eciation	(a) E	Book va	e
1 a Land			162,898.	上小小孩童			162	,898.
<b>b</b> Buildings			294,325.	- 2	281,935.			,390.
c Leasehold improvements			14,991.		11,154.			,837.
d Equipment			91,455.		89,389.			,066.
e Other								
Total Add lines 1a through 1e (Column (d) mus		t X. column (R	), line 10c.)			-	181	191

1032	60	Page	3

		Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1) Financial derivatives	<u></u>	
(2) Closely-held equity interests	<del></del>	
	-	
<u>(A)</u>	·	
( <u>B)</u>	·	
<u>(C)</u>	_ <del></del> -	
( <u>D)</u>	· <del>- ·</del> ·	
(E) (F)		
(G)	<u> </u>	
(H)	-	
(I)		
Total (Column (b) must equal Form 990, Part X, column (B) line 12) •	·	
Part VIII Investments — Program Related.		日本の大学の情報を表現の方式には、大学の世界には、日本のできたが、一般にはいいないないというないというないという。 はいかい アンド
Complete if the organization answered	Yes' to Form 990, F	Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)▶		<b>网络阿拉拉斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯</b>
Part IX Other Assets.	Voo'to Form 000 F	Part IV line 11d See Form 000 Bart V line 15
	scription	Part IV, line 11d. See Form 990, Part X, line 15.
(1)		(5) 2501. Value
(2)	· · · · · · · · · · · · · · · · · · ·	
(3)		
(4)		
(5)		
(6)		
(7) (8)		
(9)		
(10)		
(10)  [otal (Column (b) must equal Form 990 Part Y column (B)	line 15 \	
Total. (Column (b) must equal Form 990, Part X, column (B),	line 15.)	
Total. (Column (b) must equal Form 990, Part X, column (B),		
(10)  Total. (Column (b) must equal Form 990, Part X, column (B),  Part X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability		
Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes	orm 990, Part IV, line 11	
Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes (2)	orm 990, Part IV, line 11	
Total. (Column (b) must equal Form 990, Part X, column (B), Part X: Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) (3)	orm 990, Part IV, line 11	
Total. (Column (b) must equal Form 990, Part X, column (B), Part X: Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) (3) (4)	orm 990, Part IV, line 11	
Total. (Column (b) must equal Form 990, Part X, column (B), Part X: Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	orm 990, Part IV, line 11	
Ottal. (Column (b) must equal Form 990, Part X, column (B), Part X: Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	orm 990, Part IV, line 11	
Total. (Column (b) must equal Form 990, Part X, column (B), Part X. Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	orm 990, Part IV, line 11	
Total. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	orm 990, Part IV, line 11	
Total. (Column (b) must equal Form 990, Part X, column (B), Part X. Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	orm 990, Part IV, line 11	
Total. (Column (b) must equal Form 990, Part X, column (B), Part X: Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	orm 990, Part IV, line 11	
Otal. (Column (b) must equal Form 990, Part X, column (B), Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	orm 990, Part IV, line 11 (b) Book value	

	3-0103260	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	leturn.	
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:		
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants	-12-31	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
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	- 300	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	. 1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	. 2e	
3 Subtract line 2e from line 1	. 3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)	_[522]	
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	.] 5	
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, ne 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 addition	onal information.	

## 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.

OMB No 1545-0047 inelogion : Completello

Department of the Treasury Internal Revenue Service Name of the organization

► 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 ASS	SOCIATION, INC.	03-0103260
Pt VI, Line 6	ORGANIZATION HAS MEMBERS THAT PAY ANNUAL MEMBER	DUES.
	ORGANIZATION HAS ANNUAL MEETING ALLOWING MEMBER	S TO VOTE FOR THE
Pt VI, Line 7a	GOVERNING BODY.	
	ORGANIZATION HAS ANNUAL MEETINGS ALLOWING MEMBE	RS TO VOTE ON DECISIONS
Pt VI, Line 7b	OF THE GOVERNING BODY.	
	THE ORGANIZATIONS EXECUTIVE DIRECTOR, PRESIDENT	AND TREASURER REVIEWED
Pt VI, Line 11b	AND APPROVED THE FULLY PREPARED 990 BEFORE FILI	NG WITH THE IRS.
	THE ORGANIZATIONS EXECUTIVE DIRECTOR IS COMPENS	ATED BASED ON A SALARY
	SET AND ELECTED BY THE BOARD OF DIRECTORS. THIS	SALARY IS REVIEWED EACH
Pt VI, Line 15a	YEAR AND ADJUSTED FOR INFLATION.	
	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS	AVAILABLE FOR PUBLIC
Pt VI, Line 19	INSPECTION AT THE LOCATION OF THE ORGANIZATION.	