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For Paperwork Reduction Act Notice, see the separate instructions.



Form **990** 

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

OMB No 1545-0047

2015

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

Department of the Treasury Internal Revenue Service					umbers on this form as and its instructions is at				Open to Public Inspection
A	For the	2015 calen	dar year, or tax yea			nd endin			, 20
В			Name of organization	0 //	RUILDONG A			D Employe	r identification number
	Address	• • •	Doing business as			<u>,- u - ,</u>		03-	0139880
	Name ch	· -	Number and street (or	P.O box if mail is not deliv	ered to street address)	Room/sur	te	E Telephone	e number
	initial ret	turn	2 ACK	FOEM Y	STREET			805	<u>-479-9179</u>
	Final retu Amende	m/terminated d return	City or town, state or p	province, country, and ZIP of	or foreign postal code  0564/			<b>G</b> Gross rec	ceipts \$ 91925
	Applicat	ion pending F	Name and address of	principal officer:			H(a) is this a g	roup return for s	bordinates? Yes No
							1	-	included? TYA No
ī	Tax-exe	mpt status	501(c)(3)	X 501(c) ( /O ) ◀ (#	nsert no ) 4947(a)(1) or	527			list. (see instructions)
J	Website	); <b>▶</b>	exemption r	number > N/H					
K	Form of	organization 🗓	Corporation Trust	Association Othe	r▶ L Yea	ar of formati	1 1 2 1		of legal dornicite
P	art I	Summa	ıry						
	1	Briefly des	cribe the organiza	tion's mission or mos	st significant activities:	PRO	VIDOF	LOWI	er cost
9		MEET	ING SPA	CE FOR O	THER NOW	PA	OFETS	77	20
ğ		THE	DR CHE	YR ETARLE	WORK		<b>~.:</b>		
ET.	2	Check this	s box ▶ 🗌 if the or	ganization discontinu	ed its operations or di	sposed c	of more than	25% of it	ts net assets.
Governance	3			of the governing body		·		3	7
	4				overning body (Part VI,	line 1b)		4	7
jes	5				year 2015 (Part V, line			5	2-
Activities &	6			estimate if necessary				6	15
Ą	7a	Total unre	lated business reve	enue from Part VIII, c	olumn (C), line 12 .			7a	-0-
	Ь			ole income from Form	• • •			7b	-0-
	1						Prior Ye	ear _	_ Current Year
	-8 -	Contribution	ons and grants (Pa	rt VIII, line 1h)			281	68	2926
Ž	9		ervice revenue (Pa	•			5025	7	46869
Revenue	10	-	•	column (A), lines 3,	1, and 7d)		4039	-1	36245
Œ	11			• • •	c, 9c, 10c, and 11e) .	[	-3		5886
	12				Part VIII, column (A), lir	ne 12)	1187	76	91925
	13			paid (Part IX, column			- 0		
	14			ers (Part IX, column (	· ·	[	-0-		
90	15	Salaries, of	ther compensation,	employee benefits (Pa	art IX, column (A), lines	5–10)	1670	20	16700
38	16a			(Part IX, column (A),		[	- 0		- 0 -
Expenses	b	Total fund	raising expenses (F	Part IX, column (D), lii	ne 25) 🕨				<u></u>
ú	17	Other expe	enses (Part IX, colu	ımn (A), line <u>s 11a</u> -11	d, 11f-24e)		786	18.	78132
	18	Total expe	enses. Add lines 13	-17 (must equal Part	IX, column (A), line 25	i) . [	953	18	,948321
	19	Revenue le	ess expenses. Sub	tract line 18 from line	BZJEN/FD.	7. [	2340	3	( 2907)
58				[86]			Seginning of Cu	ment Year	End of Year
nt Assets o	20	Total asse	ts (Part X, line 16)	· · · / & r · Al	16 1 0 2006 15	'/- · L	8714	36	812722
₽.E	21		ities (Part X, line 26	5)   <u>L</u> ui	a 8 6 8 6 16	1· · L	د ــ		
25 E	22			Subtract line 21 from		[]	8714	136	812722
_	art II		ire Block	1-116	DEN JEST I				
Un tru	der pena e, correc	ities of perjury t, and complet	r, I declare that I have ex te. Declaration of prepar	camined this return, includi rer (other than officer) is bas	ng accompanying schedules sed on all information of whice	s and stater ch preparer	nents, and to t has any know	he best of m ledge	y knowledge and belief, it is
			Smald	Hanou	netti,			01	14/11/2
Sign Signature of officer Date									
He	re	IN R	ONALO	SA7066	MENTIL TY	(PAC	URE	N2'	
		Type	or print name and title						<del></del>
Pa	id	Print/Type	preparer's name	Preparer's s	gnature	Da	te	Charle C	PTIN
	nu epare	.		1				Check _ self-empl	
	epare e Oni		me ▶		······································		Flen	n's EIN ▶	<u>-                                      </u>
		Firm's add		/	······································			ne no.	
Ma	y the IF	RS discuss	this return with the	preparer shown abo	ve? (see instructions)				· · [] Yes [] No

Form 990 (2015)

Cat. No. 11282Y

### Code:   Expenses \$   Including grants of \$   Perspans are/ce accomplete.  ### Code:   Expenses \$   Including grants of \$   Perspans are/ce accomplete.    ### Code:   Expenses \$   Including grants of \$   Perspans are/ce accomplete.    ### Code:   Expenses \$   Including grants of \$   Perspanse of \$   Perspans		03 -
Check If Schedule O contains a response or note to any line in this Part III		
1 Briefly describe the organization's insistor:	Part	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2?  1 Prior is describe these new services on Schedule O.  2 Did the organization cease conducting, or make significant changes in how it conducts, any program services corrects?  3 Did the organization cease conducting, or make significant changes in how it conducts, any program services occupilishments for each of its three largest program services services?  3 Did the organization is program service accomplishments for each of its three largest program services expenses Section 501(c)(a) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code:	1	Briefly describe the organization's mission:
TD. Do. THEM. CAR DITABLE Work AT Lower Porsall COST.  DOST.  DO THEM. CAR DITABLE Work AT Lower Porsall COST.  DOST.  DO THEM. CAR DITABLE Work AT Lower Porsall COST.  DOST.  DO The organization case yignificant program services during the year which were not listed on the prior form 990 or 990-E2?  If "Yes," describe these new services on Schedule O.  Did the organization case conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.  Did the organization is program service accomplishments for each of its three largest program services, as measured by expresses Section 501(63) and 501(6)(4) sand 501		
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 990-527  If "Yes," describe these new services on Schedule O.  10 the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.  11 "Yes," describe these changes on Schedule O.  12 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.  4a (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  ALL EXPENSES ARE AREA AREA AREA AREA AREA AREA AR		TO DO THEAL CHARDTABLE WORK AT LOWEST POSSABL
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(Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses ▶		Other appropriate (Describe in Schedule O.)
TOTAL DICUISIT SCI TIOU CAPCILOGO P	40	
	<b>4e</b>	Total program service expenses ▶

	Oncoming of frequency confeders			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	1	X
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		X
	candidates for public office? If "Yes," complete Schedule C, Part I	3		K
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		K
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 98-197 If "Yes," complete Schedule C, Part III	5		$\gg$
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		K
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		K
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		K
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	C	<
e f	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 the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		$\propto$
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a		14a		<u> </u>
ь	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		K
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		W
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		K
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		<u>ر</u>
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		V
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	n	1/
			n 990	2015

Form 990 (2015) MASO/	NIE BUR	DANG ASS	soc. 03-	-0139880 0	ege 4

Part	Checklist of Required Schedules (continued)			
			Yes	No.
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		$\frac{1}{\sqrt{2}}$
ь 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  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	20b 21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		K
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	נה	Pr
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1- K
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?  If "Yes," complete Schedule L, Part I	25b		X
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		K
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		K
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		K
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	ļ,	* \{\frac{1}{2}}
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	<u>'</u>	X.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		X
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b	N	A
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X	
_		For	m 990	(2015)

Chack if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1986. Enter -0- If not applicable  b Enter the number of Forms W-26 included in line 1a. Enter -0- If not applicable  c Did the organization comply with backup, withholding nujse for reportable, payments to wendors and responsable gaming (gambling) winnings to prize winners?  1b If al teast one is reported on line 2a, did the organization flave indeputed feet and statements, fleef for the calendar year ending with or within the year covered by this return?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have nursted to business gross income of \$1,000 or more during the year?  b If "Yes," has It filed a Form 990-T for this year? If "No" to line 3b, provide an explanation to Schedule 0.  4a At any time during the calendar year, did the organization have an interest in, or a signature or their authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts of 174s.  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b If any taxable party notify the organization has a bank across any prohibited tax shelter transaction?  1 H'Yes," do the organization have annual gross receipts that are normally greater than \$10,000, and did the organization social any contributions or gifts were not tax deductible as charatists contributions or gifts were not tax deductible as charatists contributions and services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8882?  b If "Yes," did the organization mostly the donor of the value of the goods or services provided?  1b If the organization received a contribution of care, boths, a	Form 990	12015) MASONER BUILDENG ATSOL 03-0139	38	<b>7</b> )	age <b>5</b>
Enter the number reported in Box 3 of Form 1096. Enter -0- If not applicable  be Enter the number of Forms W-26 included in line 1s. Enter -0- If not applicable  control of Forms W-26 included in line 1s. Enter -0- If not applicable  control of the companies of Forms W-26 included in line 1s. Enter -0- If not applicable  control of the companies of the Post of the Companies of th	Part \	Statements Regarding Other IRS Filings and Tax Compliance	-3.4.4		
tale Enter the number reported in Box 3 of Form 1098. Enter -0- if not applicable  C Did the organization comply with backup withholding rules for reportable gyments to vendors and reportable gaming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements, filed for the calendar year ending with or within the year covered by this return  2 It all least one is reported on line 2a, did the organization lie all required federal employment tax returns?  Note. If the sum of lines 1a and 5 is greater than 250, you may be required to e-file (see instructions)  3b Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c 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 accounts accounts)  5c Enter the number of the foreign country It is a party to a prohibited tax shelter transaction at any time during the calendar year, did the organization have an interest in. Or a signature or other authority over, a financial accounts (price)  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5d Boos the organization aparty notify the organization that it was or is a party to a prohibited tax shelter transaction?  6d 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 contributions?  6d 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 charitatel contributions?  6d Does the organization sell, exchange, or otherwise despose of tangible personal property for which it was required to file Form 8282 filed during the year  6d Did the organization sell, excha		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included in line 1a, Enter Co-I find applicable.  Did the organization comply with backup withholding nujs for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  Statements, filed for the calendar year ending with or within the year covered by this return  If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3D bid the organization have unrelated business gross income of \$1,000 or more during the year?  31 bif 1'yes, 'has if filed a Form 990-T for this year? I'm\0'r's film 30, provide an explenation in Schedule 0.  43 At any time during the calendar year, did the organization have an interest in, or a signature or other funchioly over, a financial account in a foregen country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)  15 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)  16 Use and year and year of the organization that it was or is a party to a prohibited tax shelter transaction?  17 'Yes' to line 5 ao r 5b, did the organization file form 886-T?  18 Does the organization a party to a prohibited tax shelter transaction at any time during the tax year.  19 If 'Yes,' to line 5 ao r 5b, did the organization file form 886-T?  20 Organization solicit any contributions that were not tax deductible as charitable contributions?  21 If 'Yes' to line 5 ao r 5b, did the organization file form 886-T?  22 Organizations that may reached eductible contributions under section 170(c).  23 Did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  22 Organizations that may reached be a foreign to the payor?  23 Did the orga				Yes	No
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c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a X  6b Y-Yes," did the organization include with every solicitation an express statement that such contributions or girts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 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?  9 If "Yes," did the organization notify the donor of the value of the goods or services provided?  10 If the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  10 If the organization, during the year, pay premiums, directly, to pay premiums on a personal benefit contract?  10 If the organization received a contribution of oral, bots, anplanes, or other vehicles, did the organization file Form 8899 as required?  11 If the organization received a contribution of oral, bots, anplanes, or other vehicles, did the organization file a Form 1098-0?  12 Sponsoring organizations maintaining donor advised funds.  13 Did the sponsoring organization make any taxable distribution to a donor, donor advised funds.  14 Did the organization make any taxable distribution to a donor, donor advised funds.  15 Section 501(c)(7) organizations. Enter.  16 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  17 Section 501(c)(129) qualified nonprofit health insurance issuers.  18 Is the organization included on Organization in more than one state?  18 Note. See the instructions for additional information the organization must report on Schedule O.  18 If "Yes," enter the amount of reserves the organization is required to maintain by the states in which t				-	<del>()</del>
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Note. See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
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		·	13a	N	ZA.
the organization is licensed to issue qualified health plans		Note. See the instructions for additional information the organization must report on Schedule O.		7	, , –
c Enter the amount of reserves on hand	þ	the arganization is been and to issue available through the laws			
Did the organization receive any payments for indoor tanning services during the tax year?		100 171			
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . 14b		100	4.6		<b>✓</b>
			$\overline{}$	17	2
	<u> </u>	1 100, 1100 to 100 to 1		000	2015

Form 99	0 (2015) MASONA BUILDANG ATSOC. 03-013 9887		F	age 6
Part		and f	or a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			<b>X</b>
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a			
	If there are material differences in voting rights among members of the governing body, or			
	of the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b			
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		~
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		$\overrightarrow{\mathcal{L}}$
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		ळ
6	Did the organization have members or stockholders? .MEMBERS	6		
7 <i>a</i>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	V	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	ايدا	
ь	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u>a</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	ررم	A
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			١.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	ļ	<u> </u>
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	2	<b>PS</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	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	<b>  </b>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official NOT. COMPENSATED	45-	لما	1
a b	Other officers or key employees of the organization . NOT .H. I.S. H.L. Y. COM.P. O.	15a 15b		<del>(1</del>
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		<del></del>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		^/
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			EX-
_	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	$ \mathcal{M} $	1/4-
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed \( \subseteq \text{LYVMONT}\)  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	1 501(	c)(3)s	only)
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	<b>eres</b> t (	policy	, and
<b>20</b> ROM	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶	
	NTHELER, VT 05602 802-223-6507	Forr	n <b>990</b>	(2015)

Form 990 (2015) MASONDL BU	114	Z Z	16	6	X	R	60	20	3-01	3 9 8 Oage 7
Part VII Compensation of Officers, Dir	ectors, Tr	uste	es,	Ke	yЕ	mplo	ye	es, Highest (	Compensated	Employees, and
Independent Contractors	<del>_</del>									
Check if Schedule O contains a response or note to any line in this Part VII										
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.										
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.										
<ul> <li>List all of the organization's current key er</li> </ul>		-								
	• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.									
• List all of the organization's former office									mployees who i	received more than
\$100,000 of reportable compensation from the	-		-			_				
<ul> <li>List all of the organization's former directorganization, more than \$10,000 of reportable of</li> </ul>										or or trustee of the
List persons in the following order: individ compensated employees; and former such persons the compensated employees; and the compensated employees the compensated employees; and the compensated employees the compensated employees; and the compensated employees the compensated employees the compensated employees; and the compensated employees the co	ual trustee				-					employees; highest
☐ Check this box If neither the organization no	r any relate	d orga	aniz	atio	n c	ompe	nsa	ted any currer	t officer, director	r, or trustee.
				()						
(A)	(B)	Position (do not check more than one				than c	ene	(D)	(E)	(F)
Name and Title	Average hours per					is both or/trust		Reportable compensation	Reportable compensation from	Estimated amount of
	week (list any			_	_		<del></del> _	from	related organizations	other compensation
	hours for related	Individual to or director	Institutional	Officer	Key e	Highest employe	Former	the organization	(W-2/1099-MISC)	from the
	organizations below dotted	O E	ğ		employee	98 CO	4	(W-2/1099-MISC)		organization and related
	line)	trustee			уее	adm				organizations
		_ 8	trustee		_	st compensáted yee				
			_			8	_			
11) I BRUCE MIDONALD	2	~	r			:		-0-		
12) RONALD SANGYDNETO	7	1/						2400	<u> </u>	
TREMSURER	<del> </del>		-	-	_			2700		
O GARY POLICE	<del>-</del>	1						10-		
(4) DOWALD MARAY		1						-0-		
10 Russ SLONA	11	V						-0-		
16) JOSH RETZHLESS		/						-0-		
m DAVDO COFFEY	17									
(8) 11 D. HARD CARPOUR	10	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_	$\vdash$			$\vdash$	111		<i></i>
CUSTOD BAN			_					14300	70-	-0-
(9) DAVED SAMBUSTES ASST. TREPRUREY								-0-		
(10)										
<u>(11)</u>		ļ								

(13)

Par	VII Section A. Officers, Directors, Tr	ustees, Key E	mplo	yees		nd F C)	lighe	st C	ompensated E	mployees <i>(contir</i>	nued)	
	(A)	(B)			Pos	ition			(D)	(E)		<b>(F)</b>
	Name and title	1	Average hours per week (list any						Reportable	Reportable	Est	imated
		hours per							compensation	compensation from	am	ount of
		hours for	욕공	æ	₽	ढ	9,₹	27	from the	related organizations		other censation
		related		ting.	Officer	Key employee	Dies	Former	organization	(W-2/1089-MISC)	fre	om the
		organizations below dotted	호트	lone		형	88		(W-2/1099-MISC)	·		inization related
		line)	Individual trustee or director	Institutional trustee		8	<b>B</b>					nizations
			8	stee			Highest compensated employee					
15)	1 0 / 1		-	-	<u> </u>	ļ	ă					
					<u> </u>	<u> </u>		_				
16)								$\vdash$				<del></del>
			<u> </u>			<u> </u>						
17)			ļ									
18)			ļ	-		<u> </u>	<del> </del>	-				4
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19)						•	<u> </u>	┢				-
						L		L				
(20)												20
(04)	<del></del>			<u> </u>	<u> </u>	<u> </u>	ļ	<u> </u>				Re
21)				_	ļ	-						- / ·
22)			<del> </del>			┝	<del> </del> -	-				
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23)			-	_		_						
(0.4)					ļ	<u> </u>		ļ				<del>3.</del>
24)			33208/83	-	CHOLSE			400				A
(25)		<del>-  </del>			-	$\vdash$		-	<del>                                     </del>			The state of the s
					<u> </u>			<u> </u>				
1b	Sub-total		٠.	٠	•		•	<b>&gt;</b>	16700	<i>-</i> 0-		<u></u>
d	Total from continuation sheets to Pa Total (add lines 1b and 1c)			٠	•		•		16700			
2	Total number of individuals (including b						ahove	1 w		ore than \$100.00	YO of	
	reportable compensation from the orga	nization >	, to u	1030	, ,,30	.00	above	», <del>«</del>	THO FOCEIVED TH	ore man proo,oc	<i>2</i> 0 01	$\mathcal{O}$
												Yes No
3	Did the organization list any former									est compensate	l l	
4	employee on line 1a? If "Yes," complete										3	K
4	For any individual listed on line 1a, is to organization and related organization	ne sum of rep s greater tha	portai an \$1	ole d ISO (	oon	iper	nsatio	na °"	nd other comp	ensation from the	ne	1
	individual							., 			4	1 4
5	Did any person listed on line 1a receive	or accrue co	ompei	nsat	ion	fror	n any	un	related organiz	ation or individu	al Lin	
	for services rendered to the organization	n? If "Yes," c	ompl	ete -	Sch	edu	ile J f	or s	such person		5	$\perp \perp \propto$
	on B. Independent Contractors	4	I -	4		·			Ab : 4		00.00-	
1	Complete this table for your five highest compensation from the organization. R	ecort compe	eo inc neatic	epe on fr	ena: er th	ent	contr alend	acto ar v	ors that receive	ed more than \$10 h or within the o	000,000 Herinen	f op's by
	year.	oport compo	· iouric	,,,,	<i>,</i> , ,		aloi la	a,	real ending with	n or within the o	ya iizati	OH S LEAX
	(A)								(B)		(C)	
	Name and business a	ddress							Description of s	ervices	Compan	
/	UTAP - N/A						-/-					
	-01-0					7	7		<del>}</del>	<i>Y</i>		
	<i>f</i>											y
					<u>"</u>	•		_	-	*		
2	Total number of independent contract	tors (includir	ng bu	t ne	ot I	imit	ed to	th	ose listed ab	ove) who		
	received more than \$100,000 of compe	nsation from t	the on	gani	izati	on l	<u> </u>					
											For	m <b>990</b> (201

Form **990** (2015)

Form 990 (2015) MASOLD BUILDING ASSOC 0139 880

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . (D)
Revenue
excluded from tax
under sections
512-514 (C) Unrelated (A) Total revenue exempt function revenue business revenue Federated campaigns . Contributions, Gifts, Grants Amounts 1a Membership dues . . . 1b Fundraising events . . . 1c and Other Similar Related organizations . . . **1d** Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ 2926 Total. Add lines 1a-1f . Program Service Revenue Business Code All other program service revenue. 46869 Total. Add lines 2a-2f . . . . Investment income (including dividends, interest, and other similar amounts) . . . . . . ▶ Income from investment of tax-exempt bond proceeds ▶ Rovalties (i) Real (ii) Personal 6a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of (ii) Other assets other than inventory b Less: cost or other basis and sales expenses . c Gain or (loss) . Net gain or (loss) Other Revenue 8a Gross income from fundraising events (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 9a Gross income from garning activities. See Part IV, line 19 . . . . . **b** Less: direct expenses . . . . c Net income or (loss) from gaming activities . . 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold . . . Net income or (loss) from sales of inventory . Miscellaneous Revenue **Business Code** 11a b All other revenue Total. Add lines 11a-11d . Total revenue. See instructions.

	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	ll other organization	ns must complete col	umn (A).			
Check if Schedule O contains a response or note to any line in this Part IX								
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses			
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			g				
2	Grants and other assistance to domestic individuals. See Part IV, line 22		•					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16							
4 5	Benefits paid to or for members	16 700						
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	638						
9	Other employee benefits							
10	Payroll taxes	1949						
11 a	Fees for services (non-employees): Management		***************************************					
ь	Legal							
С	Accounting							
ď	Lobbying							
e	Professional fundraising services See Part IV, line 17							
1	Investment management fees	4011						
8	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)							
12	Advertising and promotion							
13	Office expenses							
14	Information technology							
15	Royalties							
16	Occupancy	40187						
17	Travel							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .							
20	Interest							
21	Payments to affiliates			ĺ				
22	Depreciation, depletion, and amortization .							
23	Insurance	8396						
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	BUILD. REPAIR/IMPROVE	18313						
b	SUPPLIES	696	·		······································			
C	MISC	3442		ļ				
d			······	ļ				
<b>e</b>	All other expenses	A 1 / A A A	·	ļ				
25	Total functional expenses. Add lines 1 through 24e	44834	<u> </u>	ļ				
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 Infollowing SOP 98-2 (ASC 958-720)	01100						

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Form 990 (2015)	MAZONDZ	RUTLDAN 6	A350C	0139880 Page 1

**Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 5925 1 2 Savings and temporary cash investments . . . . . . . . . . . . . . . 2 3 3 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 7 8 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation . . . . 10b 10c Investments—publicly traded securities . . . . . 11 11 Investments—other securities. See Part IV, line 11 12 12 13 Investments—program-related. See Part IV, line 11. 13 14 14 Other assets. See Part IV, line 11 . . . . . . . . . . . . 15 15 871436 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 16 Accounts payable and accrued expenses . . . . . . . . . . 17 17 18 18 19 19 20 Tax-exempt bond liabilities . . 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . 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 . . . . . . . 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X Total liabilities. Add lines 17 through 25 . Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 871436 812722 27 27 Temporarily restricted net assets . . . . 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. Capital stock or trust principal, or current funds . . . . . . . . 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 31 Retained earnings, endowment, accumulated income, or other funds . 32 32 33 33 34 Total liabilities and net assets/fund balances Form **990** (2015)

Form 99	80 (2015) MAZONIC BUILDANG ASSOC 03-01	3 0	880	) Pe	ge <b>12</b>
Part	XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)	1	91	92	5
2	Total expenses (must equal Part IX, column (A), line 25)	2	94	183	27
3	Revenue less expenses. Subtract line 2 from line 1	3	(2 9		75
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	27	<del>ĭ u</del>	36
5	Net unrealized gains (losses) on investments	5	25	80	74° C
6	Donated services and use of facilities	6	\-		-4
7	Investment expenses	7			<del></del>
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	81	27	22
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
	./.			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	n		
	Schedule O.				
<b>2</b> 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 com	oiled o	r		
	reviewed on a separate basis, consolidated basis, or both:	_			
	Separate basis Consolidated basis Both consolidated and separate basis	7	į		_
Ь	Were the organization's financial statements audited by an independent accountant?		. 2b		مد
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a	a		
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
<u>c</u>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	ersigh	rt	ارما	11
	of the audit, review, or compilation of its financial statements and selection of an independent accounts.			/ /	A
	If the organization changed either its oversight process or selection process during the tax year, ex	plain i	n	'	
_	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i		ار د	11
	the Single Audit Act and OMB Circular A-133?. NO. A.W.A.O N. A.C		- 3a	14	
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	rgo th	e	1 7	
<del></del>	required addit of addits, explain why in Schedule O and describe any steps taken to undergo such a	uans.	3b_	المسيد	
			Fon	m <b>990</b>	(2015)

## 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.

2015

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

·	
PART VI - #6 & #7A	
MASONS IN GOOD STANDING WITH GRANITE LODGE #35, FREE AND ACCEPTED MASONS, BARRE, VT ELECT THE TRUSTEES THAT SERVE ON THE BOARD OF THE MASONIC BUILDING ASSOCIATION.	
PART VI – SECTION B - #11B	
THIS FORM WAS REVIEWED BY THE TREASURER AND ASST.	
TREASURER PRIOR TO FILING. THE FILING WILL ALSO BE PRESENTED AT A SUBSEQ. TRUSTEE MEETING FOR REVIEW AND	
APPROVAL.	
PART VI - SECTION C - #19	
ALL BOARD MEETINGS ARE OPEN TO ALL MASONS AND THE PUBLIC. ANNUAL SUMMARIES OF PROCEEDINGS AND FINANCIAL STATEMENTS ARE PRESENTED AT A REGULAR MEETING OF GRANITE LODGE #35 FOR REVIEW AND APPROVAL	
-	
PART XI – LINE #5	
INVESTMENTS (OTHER THAN CASH IN CHECKING OR IN SAVINGS ACCOUNTS) ARE ALL INVESTED IN PUBLICLY REGISTERED MUTUAL FUNDS THAT ARE OPEN TO THE PUBLIC. WE HAVE A REGISTERED	
INVESTMENT ADVISOR WHO RECOMMENDS FUNDS.	