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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public InspectionDepartment of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning August 1, 2008, and ending July 31, 2009**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization POLAR STAR-ROSE HILL Lodge #79Doing Business As ANCIENT FREE & Accepted MASONS of Missouri

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

C/O Ralph Simpson 12425 Worthington Dr

City or town, state or country, and ZIP + 4

ST LOUIS, MO. 63128-1**D** Employer identification number26 0123308**E** Telephone number(314) 849-3094**G** Gross receipts \$**F** Name and address of principal officerRalph Simpson Treas. 12425 Worthington Dr
ST LOUIS, MO 63128**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☒ NoIf "No," attach a list (see instructions) N/A**H(c)** Group exemption number Grand Lodge of M.S. 001**I** Tax-exempt status ☒ 501(c) (8) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: POLAR STAR ROSE HILL #79**K** Type of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other FRATERNAL**L** Year of formation**M** State of legal domicile Missouri**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:	<u>Provided location and administration to promote Masonic principles and morals through fraternal efforts</u>	
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>291</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>291</u>
	5 Total number of employees (Part V, line 2a)	5	<u>2</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>20</u>
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	<u>0</u>
7b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	<u>17464.33</u>
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u><27102.48></u>	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)	<u>0</u>	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u><9638.15></u>	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>4369.20</u>	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0</u>	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>5240.00</u>	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>24824.41</u>	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>34433.61</u>	
19 Revenue less expenses. Subtract line 18 from line 12	<u>44071.76</u>		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	<u>504104.36</u>
	21 Total liabilities (Part X, line 26)	End of Year	<u>460032.60</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>0</u>	<u>0</u>
		<u>504104.36</u>	<u>460032.60</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer Ralph Simpson Date 2-13-10

Type or print name and title Ralph Simpson TREASURER

Paid Preparer's Use Only

Preparer's signature [Signature] Date [Date] Check if self-employed ☐ Preparer's identifying number (see instructions) [Number]

Firm's name (or yours if self-employed), address, and ZIP + 4 [Address] EIN [EIN] Phone no. [Phone]

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2008)

SCANNED MAR 08 2010

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Part III Statement of Program Service Accomplishments (see instructions)

- 1 Briefly describe the organization's mission:
Provided location and Administration to promote MASONIC principles and MORALS through Fraternal efforts. Mockup a children identification Program and meals provide Mac Donald house - costs and materials supplied by Fraternity.
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 500.00 including grants of \$ 0) (Revenue \$ 0)

*Mockup program - children identification program
 Equipment and supplies furnished by Grand Lodge of Missouri.
 Costs estimated at over \$200,000*

*Our lodge donate over 300 (plus hrs estimated) processing
 children by making the equipment*

4b (Code:) (Expenses \$ 197 including grants of \$ 0) (Revenue \$ 0)

*Mac Donald House - provide meals for residents of House
 and the YMCA power to prepare them.*

4c (Code:) (Expenses \$ 500 including grants of \$ 0) (Revenue \$ 0)

Francis Howell High school - provide clothes for students

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ \$ 1197.00 (Must equal Part IX, Line 25, column (B))

*All of our expenses incurred - ARE to set a high moral standard
 for the community and our members*

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		☒
2 Is the organization required to complete Schedule B, Schedule of Contributors?		☒
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		☒
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		☒
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		☒
6 Did the organization maintain any donor advised funds or any accounts where 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		☒
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		☒
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		☒
9 Did the organization report an amount in Part X, line 21; 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		☒
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		☒
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		☒
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII		☒
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		☒
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		☒
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		☒
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		☒
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		☒
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	☒	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		☒
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		☒
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		☒
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		☒
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		☒
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		☒
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 questions 24b-24d and complete Schedule K. If "No," go to question 25.		☒
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		☒
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		☒
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		☒
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		☒
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		☒
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		☒
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		☒

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		☒
b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		☒
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		☒
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		☒
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		☒
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		☒
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		☒
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		☒
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		☒
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		☒
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		☒
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		☒

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
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.		
b	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 this return (see instructions).		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		X
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
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 Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	0
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	0
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	11a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	N/A
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that 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?		☒
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?		☒
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		☒
5 Did the organization become aware during the year of a material diversion of the organization's assets?		☒
6 Does the organization have <u>members</u> or stockholders? <u>Members</u>	☒	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	☒	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	☒	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a The governing body?		☒
b Each committee with authority to act on behalf of the governing body?		☒
9a Does the organization have local chapters, branches, or affiliates?		
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? <u>By Laws</u>	☒	
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990		☒
11 Is there any officer, director or 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	☒	

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13		☒
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		☒
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		☒
13 Does the organization have a written whistleblower policy?		☒
14 Does the organization have a written document retention and destruction policy?		☒
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.		
a The organization's CEO, Executive Director, or top management official?	☒	
b Other officers or key employees of the organization?	☒	
Describe the process in Schedule O. (see instructions)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		☒
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE IN MISSOURI

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public NO

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Ralph Simpson 12425 Worthington Dr. St Louis, MO 63129
Phone (314) 849-3094

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(SECRETARY) THOMAS A. GOODE - 3200 ELDON SPRING HEIGHTS, ST. CHARLES, MO 63304	Per week 10 to 20			X				1800.00	0	0
(TREASURER) RALPH STIMPSON 12425 WASHINGTON DR - ST. LOUIS, MO 63128	Per week 10 to 20			X				1800.00	0	0
WORSHIPFUL MASTER DON J. FRUTKIN 97 RAE CT ST. LOUIS, MO 63146	Per week 10 to 20			X				0	0	0
OUR LODGE IS A Hierarchy - Type ORGANIZATION with Ascending Appointed/Elected positions filled by members who ASPIRE to eventually become Worshipful Master, who is the governing officer of the lodge - who usually governs for one year. He, along with his assistants: the SECRETARY AND TREASURER (usually recurring elected position) perform the administrative and operational functions of the lodge at the will of the membership, business work being conducted and voted upon, democratically, at the closed meeting by general membership present.										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

[illegible]

1b Total	▶ 3601.00	0	0
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2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► *NONE*

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
N/A		

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b	13,722.31				
	c Fundraising events	1c	3,612.24				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	129.78				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			17,464.33			
Program Service Revenue	Business Code						
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			13,372.59			
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
		(i) Real	(ii) Personal				
	6a Gross Rents	0					
	b Less: rental expenses	0					
	c Rental income or (loss)	0					
	d Net rental income or (loss)			0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		146,381.70					
	b Less: cost or other basis and sales expenses	186,856.77					
	c Gain or (loss)	<40,475.07>					
	d Net gain or (loss)			<40,475.07>			
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	0				
	b Less: direct expenses	b	0				
	c Net income or (loss) from fundraising events			0			
	9a Gross income from gaming activities. See Part IV, line 19	a	0				
	b Less: direct expenses	b	0				
	c Net income or (loss) from gaming activities			0			
	10a Gross sales of inventory, less returns and allowances	a	0				
b Less: cost of goods sold	b	0					
c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			0				
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			<96,381.15>				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	4369.20	4369.20		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3600.00	3600.00	N/A	N/A
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1640.00	1640.00		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):	0			
a	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	5661.16	5661.16		
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	4020.00	4020.00		
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	MEETINGS AND SPECIAL EVENTS	9755.09	9755.09		
b	ADMINISTRATIVE EXPENSES	1941.03	1941.03		
c	NEWSPAPER, NOTICE, & PRINTING	2156.09	2156.09		
d	REPAIRS	1291.04	1291.04		
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	34433.61	34433.61	NONE	NONE
26	Joint Costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	N/A	N/A	NONE	

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3553.86	1	5835.74
	2 Savings and temporary cash investments	19969.84	2	18612.71
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b		
	11 Investments—publicly traded securities	480585.66	11	435583.15
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1.00	15	1.00
16 Total assets. Add lines 1 through 15 (must equal line 34)		16		
Liabilities	17 Accounts payable and accrued expenses	504104.36	17	460032.60
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25		26	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☐ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3553.86	27	5835.74
	28 Temporarily restricted net assets	19969.84	28	18612.71
	29 Permanently restricted net assets	1.00	29	1.00
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	480585.66	30	435583.15
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances		33	
	34 Total liabilities and net assets/fund balances	504104.36	34	460032.60

Part XI Financial Statements and Reporting

- 1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b		X
2c	X	
3a		X
3b		

POLAR STAR-ROSE HILL LODGE NUMBER 79 A.F.&A.M.
INVESTMENTS-PUBLICLY TRADED DRCURITIES
FOR THE YEAR ENDING JULY 31,2009
FEDERAL ID 23-7520865
Part x line 11

DESCRIPTION	<u>7/31/2008</u>	<u>7/31/09</u>
GOVNT OBLIGATIONS FUND	14,290.38	18,478.80
	-	-
	-	-
FEDERAL NATIONAL MORTGAGE ASSN 3.375% 12/15/08	20,071.64	-
FHLB 3.150% DUE 7/08/10	19,937.50	-
INTERNATIONAL BUS MACHINES 4.250% DUE 9/15/09	21,164.00	21,164.00
CERTIFICATE OF DEPOSIT 4.800% DUE 12/22/2008	24,850.00	-
AMERICAN INVEST CO OF AMERICA -F 1287.34 UNITS	33,656.93	33,656.93
CAPITAL WORLD GROWTH & INCOME FD 1021.07 UNITS	29,696.29	29,696.29
GOLDMAN SACH MID CAP VALUE CL A 706.07 UNITS	25,680.70	-
GOLDMAN SACH SMALL CAP VALUE CL A 202.02 UNITS	8,658.24	-
AMERICAN CAP INCOM BUILDERS-F 1115.09 UNITS	53,455.42	53,455.42
	-	-
AMERICAN FUNDAMENTAL INVST-F 919.70 UNITS	36,986.84	36,986.84
AMERICAN GROWTH FD OF AMER CL F 1748.92 UNITS	55,963.09	55,963.09
HARTFORD APPREC CL Y 1200.17 UNITS	48,515.94	48,515.94
CIT GROUP INC INTERNOTES BOOK ENTRY 1/15/13 6.15%	29,925.00	-
OPPENHEIMER INTEGRITY FDS CORE BD FD CL Y	33,000.00	-
PIONEER EQUITY INCOME CL A 702.541 UNITS	24,733.69	-
Hartford Cap Appreciation Fd Cl Y 103.448 Units @ 34.80	-	3,600.00
MSF Value FD Cl 1 1164.295 Units @ 23.19	-	27,000.00
iSharws Trust-S&P 400 Middap 1740Shares @ 77.924	-	13,558.78
iShares S&P Smallsap 600 Index Fund 71 Shares @ 62.89	-	4,465.19
Pioneer Equity Income Cl A 1013.171 units @ 19.74	-	20,000.00
Federated Total Return Instl Cl 3571.429 @ 10.08	-	36,000.00
MFS Fixed Income Bd Fd Cl 1 569.801 Units @ 10.53	-	6,000.00
Franklin US Govt FdAdvisor CL 2564.103 Units @ 6.63	-	17,000.00
Vanguard Total Stock Mkt 239 Units @ 42.0162	-	10,041.87
Grand Totals	<u>480,585.66</u>	<u>435,583.15</u>

Polar Star-Rose Hill Lodge Number 79 AF & AM
Schedule of Grants and Assistance-Part IX Line 2
For the Year Ending July 31,2009
Federal ID 26-0123308
Part IX line 2

1 DAVE SEHRA ENDOWMENT	500.00
2 DON FRUHWIRTH ENDOWNMENT	500.00
3 FRANCIS HOWELL HIGH SCHOOL	500.00
4 LODGE OF INSTRUCTIONS	100.00
5 MASONIC HOME	391.02
6 MACDONALD HOUSE Meal	196.91
7 MOCHIP	351.27
8 PUBLIC RELATIONS ASSESSMENT	240.00
9 DON FRUHWIRTH Assistance	1,000.00
10 RICHARD SADDLE Saaisyance	500.00
11 Polar Star-Rose Hill Lodge- Dues	90.00
Total	4,369.20

SECURITIES SOLD
PART VIII LINE7c
DESCRIPYION

	proceeds	cost	net
9/15/08 Goldman Sachs Mid Cap Equity cl 1 706.066 units @ 32.15	22,700.02	(25,680.70)	(2,980.68)
9/15/08 Goldman Small Cap Calue cl 1 202.02 Units @ 36.34	7,341.41	(8,658.24)	(1,316.83)
9/15/08 Pioneer Equity Income CI A 744.107 Units @ 26.48	19,703.95	(24,733.69)	(5,029.74)
11/24/08 CIT Group MTN *Es* 6.15%	12,543.00	(29,925.00)	(17,382.00)
12/15/08 FNMA 3.375% Due 12/15/08	20,000.00	(20,071.64)	(71.64)
12/22/08 Ravenswood cd Es 4.80% Due 12/22/08	25,000.00	(24,850.00)	150.00
12/22/08 FHLB 3.150% due 7/0/10	20,000.00	(19,937.50)	62.50
1/30/09 Oppenheimer Core Bond Fd CI Y 3241.651 units @ 5.89	19,093.32	(33,000.00)	(13,906.68)
	146,381.70	(186,856.77)	(40,475.07)

SECURITIES PURCHASED
FOR YEAR ENDING 7/31/09
GESCRIPTION

9/15/08 Hartford Cap Appreciation Fd CI Y 103.448 Units @ 34.80	3,600.00
9/15/08 MSF Value FD CI 1 1164.295 Units @ 23.19	27,000.00
9/15/09 iSharws Trust-S&P 400 Middap 1740Shares @ 77.924	13,558.78
9/15/09 iShares S&P Smallsap 600 Index Fund 71 Shares @ 62.89	4,465.19
12/15/08 Pioneer Equity Income CI A 1013.171 units @ 19.74	20,000.00
12/22/08 Federated Total Return Instl CI 3571.429 @ 10.08	36,000.00
1/5/09 MFS Fixed Income Bd Fd CI 1 569..801 Units @ 10.53	6,000.00
1/30/09 Franklin US Govt FdAdvisor CL 2564.103 Units @ 6.63	17,000.00
1/30/09 Vanguard Total Stock Mkt 239 Units @ 42.0162	10,041.87
	137,665.84

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒ **Part I**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). **Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only. ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file) Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870 (group returns), or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization Polar Star - Rose Hill Lodge No. 79	Employer identification number 26 0123308
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1122 Olive Blvd	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST LOUIS, MO. 63141	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

• The books are in the care of ▶ **Ralph Simpson 12425 Northampton St, St Louis, MO 63128**

Telephone No ▶ **(314) 849-3094**

FAX No ▶ **(314) 849-3094**

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box. ☐ If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **February 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☐ calendar year 20____ or
- ▶ ☒ tax year beginning **August 1, 2008**, and ending **July 31, 2009**.

2 If this tax year is for less than 12 months, check reason. ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax less any nonrefundable credits. See instructions.	3a \$
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
3c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EQ and Form 8879-EQ for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **Note**. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Check type of return to be filed (File a separate application for each return).

- | | | | |
|--------------------------------------|---|--------------------------------------|------------------------------------|
| ☐ Form 990 | ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 6069 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 4720 | ☐ Form 8870 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 5227 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of _____
Telephone No. (_____) _____ FAX No. (_____) _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until _____, 20____.
- 5 For calendar year _____, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Ralph Simpson Title Treasurer Date 12-10-09

Form **8868** (Rev. 4-2009)