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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2009**Department of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

**Open to Public Inspection****A For the 2009 calendar year, or tax year beginning , 2009, and ending**

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer identification number
<input type="checkbox"/> Address change	CLEMSON LODGE # 254 A. F. M. P. O. BOX 88 CLEMSON, SC 29632	23-7145047
<input type="checkbox"/> Name change		<b>E</b> Telephone number
<input type="checkbox"/> Initial return		864-654-2793
<input type="checkbox"/> Termination		<b>F</b> Group Exemption Number
<input type="checkbox"/> Amended return		► 2111
<input type="checkbox"/> Application pending		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G** Accounting method ☒ Cash ☐ Accrual  
Other (specify) ►**I** Website: ► N/A**J** Tax-exempt status (check only one) — ☒ 501(c) ( 10 ) (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 57,107.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

<b>1</b> Contributions, gifts, grants, and similar amounts received	<b>1</b>	20,521.
<b>2</b> Program service revenue including government fees and contracts	<b>2</b>	1,600.
<b>3</b> Membership dues and assessments	<b>3</b>	
<b>4</b> Investment income	<b>4</b>	931.
<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
<b>b</b> Less cost or other basis and sales expenses	<b>5b</b>	
<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input checked="" type="checkbox"/>		
<b>a</b> Gross revenue (not including \$ of contributions reported on line 1)	<b>6a</b>	1,055.
<b>b</b> Less direct expenses other than fundraising expenses	<b>6b</b>	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	1,055.
<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
<b>b</b> Less cost of goods sold	<b>7b</b>	
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
<b>8</b> Other revenue (describe ► See Statement 1)	<b>8</b>	33,000.
<b>9</b> Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<b>9</b>	57,107.
<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	4,005.
<b>11</b> Benefits paid to or for members	<b>11</b>	
<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	
<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	500.
<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	19,477.
<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	971.
<b>16</b> Other expenses (describe ► See Statement 3)	<b>16</b>	6,184.
<b>17</b> Total expenses. Add lines 10 through 16	<b>17</b>	31,137.
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	25,970.
<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	167,140.
<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	-2,680.
<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	190,430.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

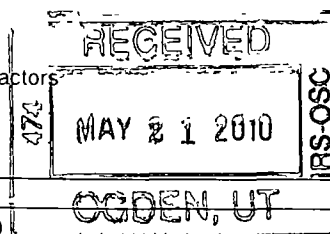
(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments	91,070.	104,673.
<b>23</b> Land and buildings	126,498.	123,227.
<b>24</b> Other assets (describe ► )		
<b>25</b> Total assets	217,568.	227,900.
<b>26</b> Total liabilities (describe ► See Statement 5)	50,428.	37,196.
<b>27</b> Net assets or fund balances (line 27 of column (B) must agree with line 21)	167,140.	190,430.

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

Form 990-EZ (2009)

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**Part V Other Information** (Note the statement requirements in the instrs for Part V) See Statement 7

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
<b>b</b> If 'Yes,' complete Schedule L, Part II and enter the total amount involved <b>38b</b> N/A		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A		
<b>40a</b> Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <b>N/A</b> , section 4912 <b>N/A</b> , section 4955 <b>N/A</b>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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 <b>40b</b>		
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0.</b>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization <b>0.</b>		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T <b>40e</b>		X
<b>41</b> List the states with which a copy of this return is filed <b>None</b>		

**42a** The organization's books are in care of **L. J. GRANGER** Telephone no **(864) 654-2793**  
 Located at **115 ALLEE STREET, CLEMSON SC** ZIP + 4 **29631**

**b** 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)? **42b**

If 'Yes,' enter the name of the foreign country

	Yes	No
<b>42b</b>		X
<b>42c</b>		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**

**c** At any time during the calendar year, did the organization maintain an office outside of the U S ? **42c**

If 'Yes,' enter the name of the foreign country

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here **43** ☐ N/A

and enter the amount of tax-exempt interest received or accrued during the tax year **N/A**

	Yes	No
<b>44</b> Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ <b>44</b>		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ <b>45</b>		X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

	Yes	No
<b>46</b> 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	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>b</b> If 'Yes,' was the related organization a section 527 organization?	<b>49b</b>	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

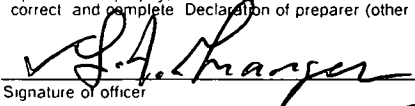
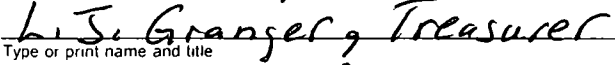

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

**f** Total number of other employees paid over \$100,000 ▶

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

**d** Total number of other independent contractors each receiving over \$100,000 ▶

<b>Sign Here</b>	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.			
	 Signature of officer		Date <b>5-17-2010</b>	
<b>Paid Preparer's Use Only</b>	 Type or print name and title			
	Preparer's signature	 ETHEL C. PETTIGREW	Date	5/13/10
	Firm's name (or yours if self-employed) address and ZIP + 4	Whitener, Pettigrew & Company CPAs, LLC 135 Old Greenville Hwy., Suite 201 Clemson, SC 29631		
	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)	EIN <b>N/A</b> Phone no <b>(864) 654-8999</b>	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2009)

2009

## Federal Statements

Page 1

Client 6605

CLEMSON LODGE # 254 A. F. M.

23-7145047

5/13/10

05 14PM

**Statement 1**  
**Form 990-EZ, Part I, Line 8**  
**Other Revenue**

RENTAL INCOME

	\$	33,000.
Total	\$	<u>33,000.</u>

**Statement 2**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Donee's Name:	FISHER/NIGHTINGALE		
Cash Amount Given:		\$	100.
Donee's Name:	HELPING HANDS		
	Central, SC 29630		
Cash Amount Given:		\$	900.
Donee's Name:	AMERICAN CANCER SOCIETY		
Cash Amount Given:		\$	100.
Donee's Name:	CLEMSON COMMUNITY CARE		
Cash Amount Given:		\$	300.
Donee's Name:	CLEMSON CHILD DEV. CENTER		
Cash Amount Given:		\$	100.
Class of Activity:	CHARITABLE		
Donee's Name:	BOY SCOUT Troop 161		
Cash Amount Given:		\$	185.
Donee's Name:	Honor Flight of the Upstate		
	Greenville, SC		
Cash Amount Given:		\$	500.
Donee's Name:	Movember Foundation		
Cash Amount Given:		\$	50.

Payments to Affiliates

Name:	GRAND LODGE A.F.M. OF S.C.		
Address:	PO BOX 2185		
	LEXINGTON, SC 29071-2185,		
Purpose of payment:	DONATIONS & SUPPLIES		
Amount:		\$	1,391.
Name:	Seneca Lodge #185		
Purpose of payment:	Charitable		
Amount:		\$	75.
Name:	Hejaz Shriners Circus		
Purpose of payment:	Charitable Donation		
Amount:		\$	200.
Name:	SC Masonic Research Society		
Purpose of payment:	Charitable contribution		

2009

## Federal Statements

Page 2

Client 6605

CLEMSON LODGE # 254 A. F. M.

23-7145047

5/13/10

05 14PM

**Statement 2 (continued)**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Payments to Affiliates

Amount:		\$	15.
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Name:	Grand Assembly
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Purpose of payment:	Charitable
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Amount:		\$	60.
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Name:	Masonic Service Assn.
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Purpose of payment:	Charitable
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Amount:		\$	29.
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Payments to Affiliates		\$	1,770.
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**Statement 3**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

Bank Charges	\$	22.
Depreciation		3,271.
Honorariums		100.
Meetings		2,791.

Total	\$	<u>6,184.</u>
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**Statement 4**  
**Form 990-EZ, Part I, Line 20**  
**Other Changes In Net Assets Or Fund Balances**

Change in Market Values of Investments		\$	-2,680.
Total	\$	<u>-2,680.</u>	

**Statement 5**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Secured Mortgages and Notes Payable	\$ 0.	\$ 0.
	33,928.	20,696.
Total	\$ <u>33,928.</u>	\$ <u>20,696.</u>

2009

Federal Statements

Page 3

Client 6605

CLEMSON LODGE # 254 A. F. M.

23-7145047

5/13/10

05 14PM

**Statement 6**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

TO PROMOTE SOCIAL INTERACTION BETWEEN  
MEMBERS AND SUPPORT VARIOUS OTHER  
CHARITIES.

**Statement 7**  
**Form 990-EZ, Part V**  
**Regarding Transfers Associated with Personal Benefit Contracts**

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No