



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



**Department of the Treasury
Internal Revenue Service**

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

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

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

120

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MASONIC FOUNDATION OF UTAH			D Employer identification number 37-0261722
		Doing Business As			
		Number and street (or P.O. box if mail is not delivered to street address)			
		650 EAST SOUTH TEMPLE			
		Room/suite			
		City or town, state or country, and ZIP + 4			
SALT LAKE CITY UT 84102			E Telephone number (801) 363-2936		
			G Gross receipts \$ 2,884,814		
F Name and address of principal officer: See attachment #1			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ►			
J Website: ► N/A					
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		L Year of formation 1966		M State of legal domicile UT	

Part I | Summary

1 Briefly describe the organization's mission or most significant activities

See attachment #2

AC CO G OV ER NAN CE & RE VEN UE EXP ENSES N ET BAL ANCES OR FUN DING		2018	
		Prior Year	Current Year
2	Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	3	5
3	Number of voting members of the governing body (Part VI, line 1a)	4	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	5	2
5	Total number of employees (Part V, line 2a)	6	
6	Total number of volunteers (estimate if necessary)	7a	
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7b	0
	b Net unrelated business taxable income from Form 990-T, line 34		
8	Contributions and grants (Part VIII, line 1h)	RECEIVED	
9	Program service revenue (Part VIII, line 2g)	SC	
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	SC	
11	Other revenue (Part VIII, column (A), lines 5, 6c, 8c, 9c, 10c, and 11e)	SC	
12	Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	224,450	233,200
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	19,437	19,437
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ►		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	26,055	29,863
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	269,942	282,500
19	Revenue less expenses Subtract line 18 from line 12	-232,992	-206,621
		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	4,581,481	5,366,751
21	Total liabilities (Part X, line 26)	1,494	1,351
22	Net assets or fund balances Subtract line 21 from line 20	4,579,987	5,365,400

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**

✓ Lawrence K. Felder
Signature of officer

5/14/2010
Date

Signature of officer

LAWRENCE K. FIELDEN

SECRETARY/TREASURER

Type or print name and title

Paid Preparer's Use Only	Preparer's signature  ROGER K POWELL	Date 05-14-2010	Check if self- employed <input type="checkbox"/>	Preparer's identifying number (see instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4  SMITH POWELL AND COMPANY LLC CPAS 68 SO MAIN 3RD FLOOR SALT LAKE CITY, UT 84101	EIN 	Phone no  (801) 359-2056	

May the IRS discuss this return with the preparer shown above? (see instructions)

5 220 (2000)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
See attachment #3

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 \$ 276,701 including grants of \$ 233,200) (Revenue \$ _____)
See attachment #4

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

4e Total program service expenses ► \$ 276,701

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	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
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	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 X	
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	N/A	
6 Did the organization maintain any donor advised funds or any similar funds or 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	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 X	
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	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
● Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
● 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.		
● 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.		
● 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		
● 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? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12 X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b X	
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	15 X	
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	16 X	
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	17 X	
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 X	
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 X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	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	X
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 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	N/A
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	N/A
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	25a	X
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	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	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
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 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28a	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	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	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, Parts II, III, IV, and V, line 1	34	X
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	35	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
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 11 and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

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	1a	0
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	N/A	
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	2a	2
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
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	N/A	
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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	N/A	
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?	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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	N/A	
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?	N/A	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	N/A	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.		
	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	X	
9	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	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
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 For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	1a	5
1b	Enter the number of voting members that are independent	1b	4
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	X
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	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	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	9a	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X
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?	10b	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
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?	15a	X
b	Other officers or key employees of the organization?	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	
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	X

Section C. Disclosure

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

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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► See attachment #5

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• 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 current officer, director, or trustee

(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
		I T D I N R I D U R I S E C I V T E C I D E T U A O R	T D I N R I D U R I S E C I V T E C I D E T U A O R	T R U S T I S T U T I O N A L	O F F I C I P T E R	K E Y P I O L Y E R	E M P L O Y E E	H C E G M P L E S N Y E T S E E D		
TRACY D. SMITH										
CHAIRMAN	2.00	X		X				0	0	0
DUANE C. CARPENTER										
VICE CHAIRMAN	1.00	X		X				0	0	0
ROBERT K. MCKENZIE										
SECRETARY/TREASURER	16.00	X		X				11,400	0	0
LOYD E. DAVIS										
DIRECTOR	1.00	X						0	0	0
G. KEITH ODENDAHL										
DIRECTOR	1.00	X						0	0	0

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

(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
		I N D I V I C D U L	T R U S T U C T I O N A L	D R I S E C T U R E O R	O F F I C E R E R	K E M P L O Y E E	H C E G M P L O Y E E S T A T E D			

1b Total ► 11400 0 0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

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	Yes	No
3		X	
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	Yes	No
4		X	
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
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
2 Total number of independent contractors (including but not limited to those listed above) 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	
G O C I T O F H E R T S R G I R B A M B U N L I S R O A A N N M S D T S	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, & similar amounts not included above	1f	5,714				
	g	Noncash contributions included in lines 1a-1f	\$					
	h Total. Add lines 1a-1f			5,714				
P R O G E R R A V E M I V C E E N U E	2a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
O T H E R R E V E N U E	3	Investment income (including dividends, interest, and other similar amounts) ►	220,701	220,701			
	4	Income from investment of tax-exempt bond proceeds	►					
	5	Royalties	►					
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		2,658,399						
	b	Less cost or other basis and sales expenses	2,808,935					
	c	Gain or (loss)	-150,536					
	d	Net gain or (loss)			-150,536	-150,536		
8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a						
b	Less direct expenses	b						
c	Net income or (loss) from fundraising events							
9a	Gross income from gaming activities See Part IV, line 19	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	a						
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory							
	Miscellaneous Revenue	Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See instructions			75,879	70,165			

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	149,800	149,800		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	83,400	83,400		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	11,400	9,690	1,710	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,300	5,355	945	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	1,737	1,476	261	
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting	6,950	5,908	1,042	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,174	6,098	1,076	
g Other	325	276	49	
12 Advertising and promotion				
13 Office expenses	1,250	1,063	187	
14 Information technology				
15 Royalties				
16 Occupancy	1,200	1,020	180	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,794	7,794		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	123	105	18	
23 Insurance	500	425	75	
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 COST OF BIBLES & HISTORIES	2,440	2,440		
b TELEPHONE	652	554	98	
c PAYROLL SERVICING FEES	547	465	82	
d POSTAGE & DELIVERY	508	432	76	
e TIME CAPSULE VETERANS HOME	400	400		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	282,500	276,701	5,799	
26 Joint costs. Check here ► <input type="checkbox"/> 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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
A S S E T S	1 Cash -- non-interest bearing		1	
	2 Savings and temporary cash investments	113,484	2	369,522
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	29,377	4	32,927
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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	799	8	355
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 13,803		
	b Less accumulated depreciation	10b 13,140	786	10c 663
	11 Investments -- publicly traded securities	4,437,035	11	4,963,284
	12 Investments -- other securities. See Part IV, line 11		12	
	13 Investments -- program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
L I A B I L I T I E S	15 Other assets. See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	4,581,481	16	5,366,751
	17 Accounts payable and accrued expenses	1,494	17	1,351
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial 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 to unrelated third parties.		24	
N F U N D A S B S A E L T A S C O R E S	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,494	26	1,351
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,040,621	27	4,926,689
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	539,366	29	438,711
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	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	4,579,987	33	5,365,400
	34 Total liabilities and net assets/fund balances	4,581,481	34	5,366,751

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits N/A	3b	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MASONIC FOUNDATION OF UTAH

Employer Identification number

87-0261722

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(I)**.
- 2 A school described in **section 170(b)(1)(A)(II)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(III)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(III)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(IV)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(V)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(VI)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(VI)**. (Complete Part II)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Other
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**
 - f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (I) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (II) A family member of a person described in (i) above?
 - (III) A 35% controlled entity of a person described in (i) or (ii) above?
 - h Provide the following information about the supported organization(s)

	Yes	No
11g(I)		X
11g(II)		X
11g(III)		X

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(IV) Is the organization in col (I) listed in your governing document?	(V) Did you notify the organization in col (I) of your support?		(VI) Is the organization in col (I) organized in the U.S.?	(VII) Amount of support
				Yes	No		

See attachment #6

Total

233,200

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

Schedule A (Form 990 or 990-EZ) 2009

M2-4

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate Instructions.

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

MASONIC FOUNDATION OF UTAH

Employer identification number
87-0261722**Part I** Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section

170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(I) Revenues included in Form 990, Part VIII, line 1

(II) Assets included in Form 990, Part X

► \$

► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

► \$

► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs

e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990,

Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	539,366	732,294			
b Contributions					
c Net investment earnings, gains, and losses	-66,009	-160,871			
d Grants or scholarships	34,000	30,600			
e Other expenditures for facilities and programs	646	1,457			
f Administrative expenses					
g End of year balance	438,711	539,366			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► 100 %

b Permanent endowment ► %

c Term endowment ► %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(I) unrelated organizations N/A

(II) related organizations N/A

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(I)	X	
3a(II)	X	
3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments -- Land, Buildings, and Equipment. See Form 990, Part X, line 10.

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					
b Buildings					
c Leasehold improvements					
d Equipment		13,803		13,140	663
e Other					

Total. Add lines 1a through 1e (Column (d) should equal Form 990, Part X, column (B), line 10(c)). ► 663

Part VII Investments -- Other Securities. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) ►		

Part VIII Investments -- Program Related. See Form 990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) ►		

Part IX Other Assets. See Form 990, Part X, line 15	
(a) Description	(b) Book value

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	
Part X Other Liabilities. See Form 990, Part X, line 25	
1. (a) Description of liability	(b) Amount

Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	75,879
2	282,500
3	-206,621
4	992,034
5	
6	
7	
8	
9	992,034
10	785,413

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	1,067,913
2	
2a	992,034
2b	
2c	
2d	
2e	992,034
3	75,879
4	
4a	
4b	
4c	
5	75,879

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	282,500
2	
2a	
2b	
2c	
2d	
2e	
3	282,500
4	
4a	
4b	
4c	
5	282,500

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4;

Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

ENDOWMENT FUNDS ARE RESTRICTED FOR THE USE OF EDUCATION SCHOLARSHIPS.

SCHEDULE I
(Form 990)Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Name of the organization

MASONIC FOUNDATION OF UTAH

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part III Grants and Other Assistance to Governments and Organizations In the United States Complete if the organization answered "Yes" to

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and

Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	1 (b) EIN	1 (c) IRC section if applicable	1 (d) Amount of cash grant	1 (e) Amount of non-cash assistance	1 (f) Method of valuation (book, FMV, appraisal, other)	1 (g) Description of non-cash assistance	1 (h) Purpose of grant or assistance
SEE GRANTS SCHEDULE ATTACHED			149,800				CHARITABLE PURPOSES

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

JVA 09 9901 TWF 33077 Copyright Forms (Software Only) - 2009 TW

70

Schedule I (Form 990) 2009

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATIONAL SCHOLARSHIPS SEE SCHEDULE ATTACHED	51	83,400			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

THE ORGANIZATION MONITORS THE USE OF GRANT FUNDS BY REVIEWING THE RECEIPIENTS CHARITABLE PURPOSES AND RESULTS FROM PRIOR GRANTS. AFTER REVIEW AND CAREFUL CONSIDERATION BY THE BOARD OF TRUSTEES, NOTICE OF APPROVAL OR REQUESTS FOR MORE INFORMATION ARE REVIEWED BEFORE FINAL DETERMINATION OF APPROVAL IS MADE OR DENIED. EDUCATIONAL SCHOLARSHIPS ARE MADE BASED ON MERIT AND NEED AS DETERMINED BY THE BOARD OF DIRECTORS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990
Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MASONIC FOUNDATION OF UTAH

Employer identification number

87-0261722

THE ORGANIZATION GIVES A COPY OF THE FORM 990 TO EACH BOARD MEMBER TO REVIEW BEFORE THE FILING OF THE FORM. IF THERE ARE ANY ISSUES WITH THE RETURN THE BOARD MEMBER INFORMS THE SECRETARY/TREASURER FOR CORRECTION.

EACH OFFICER OR DIRECTOR IS REQUIRED TO PROVIDE ANY CONFLICT OF INTEREST TO THE ORGANIZATION ANNUALLY.

THE PAID EMPLOYEES ARE PAID AT OR BELOW PREVAILING MARKET CONDITIONS AFTER A REVIEW OF THE WAGE RATES FOR THE AREA ANNUALLY.

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Name of the organization**

MASONIC FOUNDATION OF UTAH

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate Instructions.

OMB No. 1545-0047

2009Open to Public
Inspection**Name of the organization**
MASONIC FOUNDATION OF UTAH
Employer identification number
87-0261722**Part I****Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II
Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
GRAND LODGE FREE & ACCEPTED MASONS OF UTAH 650 EAST SOUTH TEMPLE Salt Lake City UT 84102 87-0132925	SUPPORT AND EDUCATION FOR MASONIC LODGES IN UTAH	Utah	501- (c) 10		
ANCIENT & ACCEPTED SCOTTISH RITE OF FREE-MASONRY, SOUTHERN JURISDICTION 650 EAST SOUTH TEMPLE Salt Lake City UT 84102	PROMOTION OF FREE MASONRY	Utah	501- (c) 10		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

JVA 09 990R1 TWF 33244

Copyright Forms (Software Only) - 2009 TW

Schedule R (Form 990) 2009

Part III Identification

Identification of Related Organizations Taxable as a Partnership (Complex)

Organization answered "Yes" to Form 990, Part IV, line 34

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 21, because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
IV, line 37 because it had one or more related organizations treated as a corporation or trust during the tax year.)							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (I) interest (II) annuities (III) royalties or (IV) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

- f Sales of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-1)	(c) Amount involved

(1) ALL TRANSACTIONS ARE MUCH LESS THAN \$50,000

(2)

(3)

(4)

(5)

(6)

PRINCIPAL OFFICER NAME AND ADDRESS

Attachment 1: Form 990 Page 1, Line F

Open to Public Inspection	For calendar year 2009, or tax period beginning	, and ending
Name of Organization MASONIC FOUNDATION OF UTAH		Employer Identification Number 87-0261722
990, Page 1, Line F		

Principal officer name TRACY D. SMITH

or

Business Name.

Street Address 2236 E. DARD PLACE

U.S Address:

Zip code 84109-1775 City Salt Lake City State UT

or

Foreign Address

City

Province or State

Country

Postal code

PRIMARY EXEMPT PURPOSE

Attachment 2: Form 990 Page 1, Part I

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending
Name of Organization MASONIC FOUNDATION OF UTAH	Employer Identification Number 87-0261722	

Primary Purpose

THE ORGANIZATIONS MISSION OR PURPOSE IS TO PROVIDE SCHOLARSHIP FUNDS FOR QUALIFYING INDIVIDUALS IN ORDER THAT THEY MAY ATTEND A COLLEGE OR UNIVERSITY IN THE UTAH AREA GENERALLY. IN ADDITION, THE ORGANIZATION MAKES GRANTS TO CHARITABLE ORGANIZATIONS THAT PROVIDE FOR PUBLIC WELFARE AND MEDICAL RESEARCH.

PRIMARY EXEMPT PURPOSE

Attachment 3: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending
Name of Organization MASONIC FOUNDATION OF UTAH	Employer Identification Number 87-0261722	

Primary Purpose

THE ORGANIZATIONS MISSION OR PURPOSE IS TO PROVIDE SCHOLARSHIP FUNDS FOR QUALIFYING INDIVIDUALS IN ORDER THAT THEY MAY ATTEND A COLLEGE OR UNIVERSITY IN THE UTAH AREA GENERALLY. IN ADDITION, THE ORGANIZATION MAKES GRANTS TO CHARITABLE ORGANIZATIONS THAT PROVIDE FOR PUBLIC WELFARE AND MEDICAL RESEARCH.

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: Form 990 Page 2, Part III

Open to Public Inspection	For calendar year 2009, or tax period beginning	, and ending	
Name of Organization MASONIC FOUNDATION OF UTAH		Employer Identification Number 87-0261722	
Part III - Statement of Program Service Accomplishments			
Code:	Expenses: 276,701	including Grants of: 233,200	Revenue:
Exempt Purpose Achievements			

DURING 2009 THE ORGANIZATION AWARDED \$83,400 TO INDIVIDUALS FOR SCHOLARSHIPS AT EDUCATIONAL INSTITUTIONS. IN ADDITION \$149,800 WAS GIVEN IN THE FORM OF GRANTS TO OTHER CHARITABLE OR HEALTH RELATED ORGANIZATIONS.

BOOKS ARE IN CARE OF

Attachment 5: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending	
Name of Organization MASONIC FOUNDATION OF UTAH		Employer Identification Number 87-0261722	

Part VI - Line 91a

Individual Name LAWRENCE K. FIELDEN

or

Business Name

Street Address 650 E SOUTH TEMPLE

U S. Address

Zip code 84102

City SALT LAKE CITY

State UT

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (801) 363-2936

Fax Number

INFORMATION ABOUT SUPPORTED ORGANIZATIONS

Attachment 6: Sch A Page 1, Part I, Line 11h - Info About Supported Orgs

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending					
Name of Organization MASONIC FOUNDATION OF UTAH					Employer Identification Number 87-0261722	
(a) Name(s) of Supported Organization(s)	Employer EIN	Line No. (1 to 9) or IRC Section	Governing Documents	Notify org of support	Organization in the U.S.	Amount of Support
SEE ATTACHMENT #7						233,200

THE MASONIC FOUNDATION OF UTAH
SALT LAKE CITY, UTAH
87-0261722
DECEMBER 31, 2009

Form 990, Schedule A, Page 1, Part I, Line 11(h),(I), Attachment 7

MASONIC FOUNDATION GRANTS:

Adopt A Native Elder Program	\$ 1,000
Adoption Exchange	1,000
American Red Cross	2,000
Assistance League of Salt Lake	2,000
Big Brothers & Big Sisters	1,000
Bountiful Community Pantry	2,000
Box Elder Community Pantry	2,000
Boys & Girls Club of Greater Salt Lake	1,000
Camp Floyd State Park	500
Camp Hobe	1,000
Camp Utaba	1,000
Center for Grieving Children	1,000
Children's Service Society of Salt Lake City	1,000
Community Nursing Service & Hospice	2,000
Crossroads Urban Center	5,000
Cryptic Masons Medical Research	1,000
El Kalah Transportation Fund	5,000
Family Counseling Service, Ogden	1,500
Family Support Center, Midvale	2,000
Family Support Center, Southwestern Utah	2,500
Friends for Sight	3,500
Friends of the Positive Action Comm. Team	1,000
George Washington National Masonic Memorial	2,000
Girl Scouts of Utah	1,000
Guadalupe Schools	4,000
Habitat for Humanity - SLC	2,000
Heuga Center	1,500
Intermountain Therapy Animals	1,000
Job's Daughters International	2,500
Jr. League of Salt Lake	500
KBYU TV	5,000
Knight Templar Eye Foundation	1,000
Kostopoulos Dream Foundation	1,000
KUED TV	10,000

THE MASONIC FOUNDATION OF UTAH
SALT LAKE CITY, UTAH
87-0261722
DECEMBER 31, 2009

MASONIC FOUNDATION GRANTS - CONTINUED

Literacy Action Center	500
Logan Regional Hospital Fund	2,000
Make A Wish Foundation of Utah	2,000
Masonic Service Association of U.S.	2,000
Neighborhood House	3,000
New Horizons Crisis Center	2,000
Odyssey House	1,500
Ogden Symphonic Ballet Assoc	500
P J's Forgotten Children	1,000
Planned Parenthood Association of Utah	1,000
Road Home	3,000
Rocky Mountain Candle lighters for Children	1,000
Rocky Mountain Rescue Dogs	1,800
Ronald McDonald House	3,000
Royal Arch Research Assistance	1,000
Scottish Rite Foundation	15,000
Sharing Place	2,500
Shriner's Hospital Transportation Fund	5,000
South Valley Sanctuary	1,000
Special Olympics	1,000
The Children's Center	1,000
University of Utah - Bennion Center	1,000
Utah Aids Foundation	1,000
Utah Animal-Assisted Therapy Association	1,000
Utah Emergency Medical Training Council	1,000
Utah Food Bank	3,000
Utah State DeMolay Association	2,500
Utah Symphony & Opera	2,000
Utah Youth Village	1,000
Westminster College	2,000
Work Activity Center	1,000
YMCA of Salt Lake City	1,500
Your Community Connection, Ogden	5,000
Your Community in Unity	3,000
Youth Garden Project	1,000
YWCA of Salt Lake City	<u>1,500</u>
TOTAL GRANTS	<u>\$149,800</u>

MASONIC FOUNDATION OF UTAH
SALT LAKE CITY, UTAH
87-0261722
DECEMBER 31, 2009

MASONIC FOUNDATION SCHOLARSHIPS FOR 2008-2009

<u>Name</u>	<u>Amount</u>	<u>School</u>
Camilla Adams	\$ 1,700	Weber State University
Kaitlyn Amadio	\$ 1,700	Westminster College
Chelsee Arnold	\$ 1,700	Brigham Young University
Karissa Barron	\$ 1,700	Weber State University
Nicole Barron - Returned ½ Scholarship	\$ (850)	University of Utah
Nicholas Beaslin	\$ 1,700	University of Utah
Brittany Boyer	\$ 1,700	University of Utah
Danielle Breneman	\$ 1,700	Southern Utah University
Megan Campbell	\$ 1,700	Weber State University
Claire Christiansen	\$ 1,700	Utah State University
Katherine Cook	\$ 1,700	University of Utah
Sabree Crowton	\$ 1,700	Brigham Young University
Megan Crowton	\$ 1,700	Brigham Young University
Melissa Crowton	\$ 1,700	Brigham Young University
Sarah Durr	\$ 1,700	Westminster College
Destry East	\$ 1,700	Weber State University
Megan Fillmore	\$ 1,700	Utah Valley University
Allison Freeman	\$ 1,700	University of Utah
Michelle Glaithli	\$ 1,700	University of Utah

THE MASONIC FOUNDATION OF UTAH
SALT LAKE CITY, UTAH
87-0261722
DECEMBER 31, 2009

MASONIC FOUNDATION SCHOLARSHIPS FOR 2008-2009 - CONTINUED

<u>Name</u>	<u>Amount</u>	<u>School</u>
Danielle Gutierrez	\$ 1,700	University of Utah
Ashley Gutierrez	\$ 1,700	Westminster College
Kamille Hacking	\$ 1,700	Brigham Young University
Jillian Hicken	\$ 1,700	Brigham Young University
James Hicken	\$ 1,700	University of Utah
Dallas Holbeck	\$ 1,700	University of Utah
Heather Hoyer	\$ 1,700	University of Utah
Dallin Kapp	\$ 1,700	California College of the Arts
Keri Kuhn	\$ 1,700	Colorado School of Mines
Heather L. Mathiesen	\$ 1,700	Fashion Institute of Technology
Cherise McAllister	\$ 1,700	Utah State University
Chelsea McLaughlin	\$ 1,700	Utah State University
Darrel Mecham	\$ 1,700	Southern Utah University
Joel Meza	\$ 1,700	Westminster College
Jessica Mitchell	\$ 1,700	Westminster College
Madison A. Niemeyer	\$ 1,700	Willamette University
Matt Pomeroy	\$ 1,700	University of Utah
Eliza Pratt	\$ 1,700	University of Utah
Michael Putnam	\$ 1,700	St. Louis University

THE MASONIC FOUNDATION OF UTAH
SALT LAKE CITY, UTAH
87-0261722
DECEMBER 31, 2009

MASONIC FOUNDATION SCHOLARSHIPS FOR 2008-2009 - CONTINUED

<u>Name</u>	<u>Amount</u>	<u>School</u>
Daryn Rich	\$ 1,700	University of Utah
Jayci Robb	\$ 1,700	Westminster College
Laura Rogers	\$ 1,700	Weber State University
Tanner Smith	\$ 1,700	Wake Forest University
Kaitlyn Sprouse	\$ 1,700	Utah State University
Joshua Stokes	\$ 1,700	Utah State University
Theodore Stokes	\$ 1,700	Utah State University
Ashton Swain	\$ 1,700	Utah State University
Joshua Tomlin	\$ 1,700	University of Utah
Andy Tran	\$ 1,700	University of Utah
Annie Wallin	\$ 1,700	Colorado State University
Whitney Whiting	\$ 1,700	Brigham Young University
Cheyenne Winters	\$ 1,700	University of Utah
Andrew Wojciechowski	\$ 1,700	University of Utah
University of Utah - Returned ½ Scholarship	\$ (850)	University of Utah
Weber State University - Returned Scholarship	\$ (1,600)	Weber State University
Total Scholarships	\$ 83,400	
Total Grants & Scholarships	<u>\$ 233,200</u>	

Depreciation and Amortization (Including Information on Listed Property)

2009

Attachment
Sequence No 67Department of the Treasury
Internal Revenue Service (99)

► See separate Instructions.

► Attach to your tax return.

Name(s) shown on return

MASONIC FOUNDATION OF UTAH

Business or activity to which this form relates

FOR FORM 990

Identifying number

87-0261722

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	\$250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$800,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	250,000

6 (a) Description of property	(b) Cost (busn. use only)	(c) Elected cost	
7 Listed property. Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ► 13	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	123
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B -- Assets Placed In Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr. (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27.5 yrs.	MM	S/L	
I Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C -- Assets Placed In Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22	123
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate Instructions.

Form 4562 (2009)

2009 Federal Depreciation Schedule

MASONIC FOUNDATION OF UTAH
87-0261722

05-11-2010

Description	Date	Method	Year	Cost	Land/ Other	§179	Spec Allow	Basis	Prior	Current
Form 990										
2 Chairs	01-01-92	S/L	10	146	0	0	0	146	146	0
2 Office Chairs	12-19-02	S/L	10	723	0	0	0	723	434	72
Computer Eq Upgrade	12-29-00	S/L	5	235	0	0	0	235	235	0
Computer Equipment	05-01-89	S/L	5	1,199	0	0	0	1,199	1,199	0
Computer Perphals	12-30-98	S/L	5	417	0	0	0	417	417	0
Computer Upgrade	12-30-97	S/L	5	359	0	0	0	359	359	0
Execufold Desktop Fo	12-02-90	S/L	10	59	0	0	0	59	59	0
Fax Machine	12-04-96	S/L	5	350	0	0	0	350	350	0
File Cabinet	02-01-90	S/L	10	298	0	0	0	298	298	0
File Cabinet Bookcase	10-06-08	S/L	10	510	0	0	0	510	13	51
Hewitt Rand Computer	10-01-90	S/L	5	3,272	0	0	0	3,272	3,272	0
HP Computer-Monitor	03-04-96	S/L	5	387	0	0	0	387	387	0
HP Laser Jet Printer	01-24-96	S/L	5	362	0	0	0	362	362	0
Laser Jet Printer	10-01-90	S/L	5	1,499	0	0	0	1,499	1,499	0
Phone & Computer Eq	12-31-99	S/L	5	387	0	0	0	387	387	0
Toshiba 4550 Copier	09-30-97	S/L	5	2,972	0	0	0	2,972	2,972	0
VCR & Lecturn	12-02-90	S/L	5	628	0	0	0	628	628	0
17 Assets			Totals	13,803	0	0	0	13,803	13,017	123
17 Assets			Grand Totals	13,803	0	0	0	13,803	13,017	123

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction