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Return of Organization Exempt From Income Tax

Under 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

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning		, and ending	
B	Check if applicable	C Name of organization	
<input type="checkbox"/> Address change	Please use IRS label or print or type.	MULTNOMAH LODGE #1	
<input type="checkbox"/> Name change	See Specific Instructions.	Number and street (or P O box, if mail is not delivered to street address)	Room/suite
<input type="checkbox"/> Initial return		707 MAIN STREET	300
<input type="checkbox"/> Terminated		City, town, or country	State ZIP + 4
<input type="checkbox"/> Amended return		OREGON CITY	OR 97045
<input type="checkbox"/> Application pending		D Employer identification number	
93-0359271			
E Telephone number			
F Group Exemption Number		►	
G Accounting Method		<input checked="" type="checkbox"/> Cash	<input type="checkbox"/> Accrual
Other (specify)		►	
H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).			
I Website: ► N/A			
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c) (10) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check ► <input checked="" type="checkbox"/> 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		► \$	14,212

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	1,480
	4 Investment income	4	2,176
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	6a	0
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6b	0
Expenses	b Less: direct expenses other than fundraising expenses	6c	0
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
	7a Gross sales of inventory, less returns and allowances	7b	
	b Less: cost of goods sold	7c	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	10,556
	8 Other revenue (describe ► See Attached Statement)	9	14,212
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	10	0
	10 Grants and similar amounts paid (attach schedule)	11	
	11 Benefits paid to or for members	12	
Net Assets	12 Salaries, other compensation, and employee benefits	13	20
	13 Professional fees and other payments to independent contractors	14	
	14 Occupancy, rent, utilities, and maintenance	15	840
	15 Printing, publications, postage, and shipping	16	6,705
	16 Other expenses (describe ► See Attached Statement)	17	7,565
	17 Total expenses. Add lines 10 through 16 ►	18	6,647
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19	300,711
	19 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)	20	0
	20 Other changes in net assets or fund balances (attach explanation)	21	307,358

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
22 Cash, savings, and investments		60,772	22 67,419
23 Land and buildings		239,939	23 239,939
24 Other assets (describe ►)		0	24 0
25 Total assets		300,711	25 307,358
26 Total liabilities (describe ►)		0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		300,711	27 307,358

21
NJB

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? FRATERNAL AND BENEVOLENT SERVICES

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations and section
4947(a)(1) trusts, optional
for others)

28 ACTIVITIES PROMOTING FRATERNAL AND BENEVOLENT OBJECTIVES

(Grants \$ 0) If this amount includes foreign grants, check here ► 28a 5,650

29

(Grants \$ 0) If this amount includes foreign grants, check here . . . ► 29a 0

30 _____

(Grants \$ 0) If this amount includes foreign grants, check here ► 30a 0

31 Other program services (attach schedule)

(Grants \$ 0) If this amount includes foreign grants, check here 31a -5,660

32 Total program service expenses. (add lines 28a through 31a) ► 32

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 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.	35a	X
a 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?	35b	X
36 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	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a	37b	X
b Did the organization file Form 1120-POL for this year?	38a	X
38 a 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?	38b	0
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	X
39 Section 501(c)(7) organizations. Enter:	39b	X
a Initiation fees and capital contributions included on line 9	40a	X
b Gross receipts, included on line 9, for public use of club facilities	40b	X
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40e	X
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		
c 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 ► _____		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____		
e 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.		
41 List the states with which a copy of this return is filed. ► _____		
42 a The organization's books are in care of ► GEORGE H. STARBUCK Telephone no. ► (503) 623-7129		
Located at ► 707 MAIN STREET City. OREGON CITY ST. OR ZIP + 4 ► 97045		
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	X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
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 ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 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	45	X

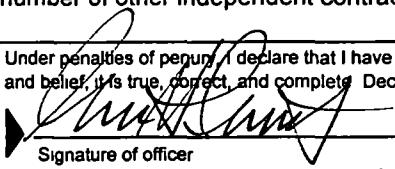
Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

		Yes	No
46	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.	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
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 & deferred compensation	(e) Expense account and other allowances
Name	None	Str	Title		
City		ST ZIP	Hr/WK .00	0	0
Name		Str	Title		
City		ST ZIP	Hr/WK .00	0	0
Name		Str	Title		
City		ST ZIP	Hr/WK .00	0	0
Name		Str	Title		
City		ST ZIP	Hr/WK .00	0	0
Name		Str	Title		
City		ST ZIP	Hr/WK .00	0	0
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
Name	None	Str	
City		ST ZIP	
Name		Str	
City		ST ZIP	
Name		Str	
City		ST ZIP	
Name		Str	
City		ST ZIP	
Name		Str	
City		ST ZIP	
d	Total number of other independent contractors each receiving over \$100,000 . . . ►		

Sign Here	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 4/15/10  GEORGE H. STARBUCK, SECRETARY Date Type or print name and title.		
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>
	JOSEPH T. WATSON	4/14/10	P00140472
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	► 93-0823333
	20196 QUINALT DRIVE, OREGON CITY, OR 97045	Phone no	► (503) 518-3049

May the IRS discuss this return with the preparer shown above? See instructions . . . ► Yes No

Part I, Line 8 (990-EZ) - Other Revenue

	Description		10,556
			Amount
1	FRATERNAL FACILITIES USAGE -- OES	1	1,440
2	FRATERNAL FACILITIES USAGE -- AMARANTH	2	840
3	FRATERNAL FACILITIES USAGE -- IOOF	3	2,100
4	DONATIONS	4	5,525
5	FUND RAISERS	5	515
6	MISCELLANEOUS	6	136
7		7	
8		8	
9		9	
10		10	

Part I, Line 16 (990-EZ) - Other Expenses

6,705

1	Travel	1
2	Meals and entertainment	2
3	Fundraising	3
4	Amortization	4 0
5	Conferences, conventions, and meetings	5
6	Depreciation	6 0
7	Depletion	7
8	Equipment rental and maintenance	8
9	Interest	9
10	Supplies	10 1,285
11	Telephone	11
12	Unrelated business income taxes	12 0
13	MASONIC GRAND LODGE & LIFE MEMBERSHIPS	13 2,892
14	LODGE REFRESHMENTS	14 1,473
15	CLEANING SUPPLIES	15 290
16	MISCELLANEOUS EXPENSES	16 405
17	SECRETARY/TREASURER	17 360
18		18
19		19
20		20
21		21
22		22
23		23
24		24
25		25
26		26
27		27
28		28