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Department of the Treasury Internal Revenue Service

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

2009

OMB No 1545 0047

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ľ	O	P€	n	t	0	Publi	C II	ns	pec	tion

	For t	ne 2009 calen	dar year,	or tax year beginning 5/01	, 2009	, and ending	4/30	)	, 201	.0
		ıf applicable		С			C	Employer I	dentification	Number
		ddress change	Please use IRS label	GRAND LODGE OF NEW H	IAMPSHIRE			02-01	04256	
	$\Box$	ame change	or print or type	FREE & ACCEPTED MASC			Ē	Telephone	number	
	Н	-	See	30 MONT VERNON ST, F					54-172	3
	$\vdash$	itial return	specific Instruc-	MILFORD, NH 03055			-	003 3	J4 112	<del></del>
	Η	ermination	tions							F.CO. 000
	H <sup>A</sup>	mended return				- г		Gross rece		568,809.
	A <sub>l</sub>	pplication pending		and address of principal officer			H(a) Is this a g H(b) Are all aff			Yes X No
				As C Above					e instructions	Yes No
<u> </u>	Tax	exempt statu	us   X   501	(c) (10 ) <b>(</b> (insert no )	4947(a)(1) or	527		•		
J	We	bsite: ► Ww	w.nhgr	andlodge.org			H(c) Group exe	emption numb	er 🟲	
K	Forn	n of organization	Corpora	ation Trust Association (	Other ► L	Year of Formati	on	M Stat	e of legal don	ncile
Pa	rt I	Summ	ary					,		
	1	Briefly descri	be the or	ganization's mission or most sign	nificant activities _T	O PROMOT	E_THE_	HIGH II	DEALS_A	<u>ND</u>
a		CHARITAE	BLE_PUF	RPOSES OF FREEMASONRY						
Activities & Governance										
Ľ.	i		_ <i>_</i>							
ŏ	2	Check this be		if the organization discontinued		posed of mo	re than 259	% of its as	sets	_
ত কা	3			nbers of the governing body (Par					3	5
တ္	4			nt voting members of the governi	ng body (Part VI, lin	ne 1b)		<del></del>	4	0
ŧ	5		,	oyees (Part V, line 2a)	RECEIVE	r i			5	0
Ė	6			teers (estimate if necessary)				<u> </u>	6	0
٩		_		business revenue from Part VIII,		SC			7a	0.
	b	Net unrelated	d business	s taxable income from Form	1, line 34 SEP 1 7 20	IQI	т		7b	0.
				•	SEP 1 7 20	10		or Year		urrent Year
Ð	8	Contributions	s and grar	nts (Part VIII, line 1h)	OODEN			114,00		204,227.
Š	9	Program ser	vice rever	nue (Part VIII, line 2g)	OGDEN, L			5,38		7,684.
Revenue	10	Investment ii	ncome (Pa	art VIII, column (A), lines 3, 4, a		<i></i> _		13,54		9,589.
Œ	11	Other revenu	ie (Part V	III, column (A), lines 5, 6d, 8c, 9	c, 10c, and 11e)			16,83		19,689.
	12	Total revenu	e – add li	ines 8 through 11 (must equal Pa	art VIII, column (A),	line 12)		149,76	7.	241,189.
	13	Grants and s	ımılar am	ounts paid (Part IX, column (A),	lines 1-3)			51,87	9.	61,163.
	14	Benefits paid	d to or for	members (Part IX, column (A), I	line 4)					
<b>1</b> 0	15	Salaries, oth	er compe	nsation, employee benefits (Part	IX, column (A), line	es 5-10)		95,21	5	99,072.
36	16 a	Professional	fundraisir	ng fees (Part IX, column (A), line	: 11e)					
Expenses	, r			nses (Part IX, column (D), line 2			A	af Th	ال سدّ براير	
ŭ				IX, column (A), lines 11a-11d, 11	· ———			170,00		139,525.
	17	•	•	• • • • • • • • • • • • • • • • • • • •	•			317,10		299,760.
	18	•		ines 13-17 (must equal Part IX, o	Joiumn (A), line 25)		ļ	167,33		-58,571.
	19	Revenue les	s expense	es Subtract line 18 from line 12						
te or	l	_						ing of Yea		End of Year
Bala	20	Total assets	•	•			2,	110,22		2,464,722.
Net Assets Fund Balanc	21	Total liabilitie	es (Part X	(, line 26)			-	27,52		17,780.
	22			ances Subtract line 21 from line	20		<u>2,</u>	082,69	8	2,446,942.
Pa	irt II	- Signat	ure Blo	ck			_			
		Under penalti	es of perjury	. I declare that I have examined this return, Declaration of preparer (other than officer	including accompanying sc	hedules and state	ements, and to	the best of n	ny knowledge	and belief, it is
		lide	7	Declaration of preparer (other trial officer	, is based on an informatio	in or which prepa				
Sig	gn		Tm	C. Marden			19	-10-2	4070	
He	re		of officer				Date			
		7 10	SHN C	. MARDEN, GRA	ND SECK	ETAR	Y			
		Type or p	orint name ar	nd title		<u>.                                      </u>				<del></del>
			. 1	-d. B. 1 10.		Date	Che	ck if	Preparer's (see instru	identifying number ictions)
Pa		Preparer's	A	ipien sauce		alalis	self emp	oloyed 🕨 📙		
Pr		signature	► Ste	phen Bahsler		<u> </u>			002-5	6-6144
	rer's	Firm s name		AFFERTY & COMPANY P.	C.					
Ús		yours if self- employed),		WELLS AVE			EIN	<b>►</b> 04	-321693	34
Or	ııy	address, and ZIP + 4		TON CENTER, MA 02459	-3242				17-964	
Ma	v the			with the preparer shown above?			10			Yes No
				rwork Reduction Act Notice, see		ıctıons.		TEEA0113L		Form <b>990</b> (2009)

Form	1 990 (2009) GRAND LODGE OF NEW HAMPSHIRE	02-0104256	Page 2
<u>Par</u>	t III   Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission		
	TO PROMOTE THE HIGH IDEALS AND CHARITABLE PURPOSES OF FREEMASONRY		
2	Did the organization undertake any significant program services during the year which were not listed on	the prior	
4	Form 990 or 990-EZ?	Yes	X No
			110
_	If 'Yes,' describe these new services on Schedule O	ices? Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices / Tes	<u>V</u>
	If 'Yes,' describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	by expenses Section 50	JI(C)(3) ne total
	expenses, and revenue, if any, for each program service reported	anocations to others, tr	ic total
4 a	a (Code) (Expenses \$) (Figure 1) (Figure 2) (Figure 2) (Figure 3) (Figure	Revenue \$	)
	<u>N/A</u>		
41	<b>b</b> (Code (C	Revenue \$	)
٦,	b (Code		
4	c (Code) (Expenses \$ including grants of \$) (	Revenue \$	)
			- <b></b> -
		<b></b> -	
		<del>-</del>	
4	d Other program services (Describe in Schedule O )		
_	(Expenses \$ including grants of \$ ) (Revenue \$		)
4	e Total program service expenses ►		

Page 3 Part V Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Schedule A 2 Х 4s the organization required to complete Schedule B, Schedule of Contributors? 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 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete 4 Schedule C. Part li 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 5 provide advice on the distribution or investment of amounts in such 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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to Х 6 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Х complete Schedule D, Part III 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 X 9 Schedule D. Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Х 10 'Yes,' complete Schedule D, Part V Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or Х 11 X as applicable • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI • 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 statement for the tax year? If 'Yes,' complete Х Schedule D. Parts XI, XII, and XIII 12 No 12A Was the organization included in consolidated, independent audited financial statement for the tax Yes Х year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a **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 X 14b 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 Х 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 Х 16 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 Х 17 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

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

19 20 Х

Х

complete Schedule G, Part III

ZQU	Checkist of Required Scheddles (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	Х	
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	Х	
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	22		Х
	Schedule J	23		
24 a	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, and 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		<u>X</u>
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		<u> </u>
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		
ŀ	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		
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		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member; or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
;	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
I	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		X
•	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	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	ļ	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
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		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and $V$ , line $I$	34		х
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		Х
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		
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38		Х
				(0000)

aii	Statements Regarding Other INST Imags and Tax Compliance	$\overline{}$		
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable		٠.	
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			]
C	(gambling) winnings to prize winners?	1 c		
2 a	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		<u>.</u>	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	100	ند الا	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
b	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3ь	_	
4 a	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)?	4a	±	X
b	olf 'Yes,' enter the name of the foreign country	gast¥.	N. S.	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
С	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6 a	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?	6a		X
b	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>	- %	7
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	2 x		<u> </u>
a	provided to the payor?	7 a		X
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	·ķ.,		ļ <u>.</u>
e	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
	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	8	Ç. *.	
^	holdings at any time during the year?	· %03%		
	Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?	9 a		<b></b>
-	<b>b</b> Did the organization make any taxable distributions under section 4500?	9b		<del> </del> -
	Section 501(c)(7) organizations. Enter	- 35	_	<del> </del>
	a Initiation fees and capital contributions included on Part VIII, line 12		,	
	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
	Section 501(c)(12) organizations. Enter		1	1
	a Gross income from other members or shareholders	,		1.
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	78°°		
12:	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	,		

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.

Sect	on A. Governing Body and Management				
				Yes	No
1 a	Enter the number of voting members of the governing body	1a5		1	
b	Enter the number of voting members that are independent	1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re officer, director, trustee or key employee?	elationship with any other	2	Heren Turned_a	X
	Did the organization delegate control over management duties customarily performed by or i of officers, directors or trustees, or key employees to a management company or other pers		3_		X
	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
	Did the organization become aware during the year of a material diversion of the organization	n's assets?	5		Х
	Does the organization have members or stockholders?		6		X
	Does the organization have members, stockholders, or other persons who may elect one or governing body?	more members of the	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undi the following	ertaken during the year by			
a	The governing body?		8a		Χ_
þ	Each committee with authority to act on behalf of the governing body?		8b		Х
	ls there any officer, director or trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>		9_		<u>x_</u>
	ion B. Policies (This Section B requests information about policies not	required by the Interna	1		
Revei	nue Code)			Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?		10 a	162	X
Ь	If 'Yes,' does the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10 b		
	Has the organization provided a copy of this Form 990 to all members of its governing body	•	11		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 99	See Schedule O	<b>95. 10</b>		
	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	Alexa de la companya	12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests to conflicts?		12b	-	
c	Does the organization regularly and consistently monitor and enforce compliance with the po Schedule O how this is done	olicy? If 'Yes,' describe in	12c		
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 persons, comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent ecision?	Sec.		
а	The organization's CEO, Executive Director, or top management official		15 a		X
b	Other officers of key employees of the organization		15b	40.	X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)		The Street		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or simila entity during the year?	r arrangement with a taxable	16 a	2.35 ,	X
	If 'Yes,' has the organization adopted a written policy or procedure requiring the organizatio in joint venture arrangements under applicable federal tax law, and taken steps to safeguare status with respect to such arrangements?	n to evaluate its participation d the organization's exempt	16b		
	ion C. Disclosures				
	List the states with which a copy of this Form 990 is required to be filed ► None				<b>-</b>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a inspection Indicate how you make these available Check all that apply  Own website  Another's website  Upon request	and 990-T (501(c)(3)s only) a	vaılab	le for	public
19	Describe in Schedule O whether (and if so, how) the organization makes its governing docu statements available to the public	ments, conflict of interest po	licy, a	nd fina	ancial
	State the name, physical address, and telephone number of the person who possesses the	books and records of the org	anızat	ion 	

BAA

Form 990 (2009)

# Partivil 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 organizations'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 employees'
- 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 no	Check this box if the organization did not compensate any current officer, director, or trustee									
(A)	(B)			(6	c)			(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	် Institutional trustee	Officer	a Key employee	Highest compensated a employee	Former	Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
DAVID J. LAMPREY SR										
GRAND TREASURER	5							3,563.	0.	0.
C. WAYNE LIBBY, JR. GRAND MASTER	20							0.	0.	0.
STUART L. ARONSON SR GRAND WARDEN	5							0.	0.	0.
JOHN C. MARDEN GRND SECRETARY	30							21,795.	0.	0.
PAUL M. LEARY	30					!		21, 793.	0.	<u> </u>
DEPUTY MASTER	5							0.	0.	0.
										· · · ·

TEEA0107L 11/10/09

, <b>(A)</b>	(B)				<b>c)</b>			(D)	(E)	(F)
Name and Title	Average hours per week		_	Officer	_	_		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organization (W-2/1099 MISC)	Estimated amount of other compensation
•	per week	ividual trustee director	Institutional trustee	Icer	y employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099 MISC)	from the organization and related organizations
		_		-	<u> </u>					
	<u>i</u>									
									:	
1 b Total							<b></b>	25,358.		D.
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se li	sted	d ab	ove;	) wh	o re	ceived more than	\$100,000 in rep	ortable compensati
Did the organization list any former officer, director	or trust	lee	kev	emi	nlov	ee	or h	ahest compensat	ed employee	Yes N
on line 1a <sup>3</sup> If 'Yes,' complete Schedule J for such a  For any individual listed on line 1a, is the sum of re the organization and related organizations greater	<i>ndıvıdua</i> eportable	al e col	mpe	ensa	tion	and	l oth	er compensation	from	3
<ul><li>individual</li><li>Did any person listed on line 1a receive or accrue of any person listed on line 1a receive or accrue of accru</li></ul>							•			4
rendered to the organization? If 'Yes,' complete Sc	hedule .	J for	suc	ch pe	erso	n	- Iale	eu organization io		5
Complete this table for your five highest compensa compensation from the organization	ted inde	pen	den	t cor	ntra	ctors	s tha	it received more t	han \$100,000 of	
(A) Name and business address	ss							(B	) of Services	(C) Compensation
						~~				4
				-						
2 Total number of independent contractors (including	but not	lımı	ited	to t	hose	e list	ted a	i above) who receiv	ed more than	

Par	t VIII	Statement of Re	venue					
	• *}				(A) Total revenue	<b>(B)</b> Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
IS, GRANTS AMOUNTS	<b>b</b> Me <b>c</b> Fu	derated campaigns embership dues indraising events.	1 a 1 b 1 c	144,639.		revenue		512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	e Gov f All sim	elated organizations vernment grants (contribution other contributions, gifts, gi nilar amounts not included an ncash contribns included in	rants, and above 1 f	59,588.				(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	•	otal. Add lines 1a-1f	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Business Code	204,227.			
PROGRAM SERVICE REVENUE	c	ALES OF SUPPLI			7,684.	7,684.		
PROGRAM	g To	l other program service otal. Add lines 2a-2f	e revenue	<u> </u>	7,684.			沙黑山县一大大
	otl 4 Ind	vestment income (incl her similar amounts) come from investmen oyalties		•	53,341.	53,341.		
	<b>6a</b> Gr <b>b</b> Le	ross Rents ess rental expenses ntal income or (loss)	(i) Real	(ii) Personal				
	7a Gro	et rental income or (lo oss amount from sales of sets other than inventory ss cost or other basis	(i) Securities 283, 868.	(II) Other				
	c Ga d Ne	d sales expenses ain or (loss) et gain or (loss) ross income from fund	327, 620. -43, 752.	•	-43,752.	-43,752.		
OTHER REVENUE	(n of Se	icontributions reported the Part IV, line 18 cess direct expenses					120	
10	c No 9a G So	et income or (loss) fro ross income from gam ee Part IV, line 19	_	vents		* 21-19 * (1-2)		A Comment of the Comm
	c No 10 a G	ess direct expenses et income or (loss) fro ross sales of inventory		L			320	
	<b>b</b> Le	nd allowances ess cost of goods solo et income or (loss) fro	om sales of inve		- 15 mg			7 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
	<b>b</b> _C	Miscellaneous Reven	vities	Business Code	9,305. 5,254.	9,305. 5,254.	33	<u>~</u> .
	d A	Comm. of Grand II other revenue otal. Add lines 11a-11			5,130.	5,130.	3	(§£ry∫a
	12 T	otal revenue. See inst	ructions	•			0.	0.

Page 10

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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	48,037.	ехрепьеь	general expenses	expenses
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	13,126.			
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	25,358.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.			
7	***	41,932.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.	26,150.			
	Payroll taxes	5,632.			
	Fees for services (non-employees)				
	a Management b Legal				
	c Accounting	7,250.			
	d Lobbying	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Prof fundraising svcs See Part IV, In 17			2 marga-17 1/2000 (100 margaret)	
1	Investment management fees	7,464.			
(	<b>g</b> Other				
12	Advertising and promotion	230.			
13	Office expenses	4,878.			
14	Information technology				····
15	Royalties	11 652			
16	Occupancy	11,653.			
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,042.			
20	Interest				
21	Payments to affiliates				
22	• • • •				
23 24	Insurance Other expenses Itemize expenses not	8,903.	M	VIII. 10. 10. 10. 10. 10. 1	Sesse a monta à cons
24	covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
	a MEETINGS & SPECIAL EVENTS	34,274.			
	b COMMITTEE ACTIVITIES	12,343.			
	c OTHER EXPENSES	8,023.			
	d SUPPLIES	6,862.			
	e AWARDS & REGALIA	6,272.			
	f All other expenses	14,331.			
	Total functional expenses Add lines 1 through 24f	299,760.			
26	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form <b>990</b> (2009)

Pa	<u>n x</u>	Balance Sheet				
	•			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	.2	Savings and temporary cash investments		66,637.	2	140,005.
	3	Pledges and grants receivable, net			3	
		Accounts receivable, net		457.	4	722.
		Receivables from current and former officers, directors and highest compensated employees. Complete Part I	s, trustees, key employees, I of Schedule L		5	
	6	Receivables from other disqualified persons (as define	d under section 4958(f)(1))	<u> </u>	<u>%</u>	
		and persons described in section 4958(c)(3)(B) Comp	lete Part II of Schedule L		6	
S	7	Notes and loans receivable, net			7	
S E T S	8	Inventories for sale or use			8	
S	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment cost or other basis	10a	A. Waller	3.3	
		Complete Part VI of Schedule D		18 18 18 18 18 18 18 18 18 18 18 18 18 1		
	b	Less accumulated depreciation	10b		10 c	
	11	Investments — publicly-traded securities.		2,040,702.	11	2,322,598.
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	·
	15	Other assets See Part IV, line 11		2,430.	15	1,397.
	16	Total assets Add lines 1 through 15 (must equal line	34)	2,110,226.	16	2,464,722.
	17	Accounts payable and accrued expenses		27,528.	17	<u>17,780.</u>
	18	Grants payable			18	
	19	Deferred revenue			19	
L	20	Tax-exempt bond liabilities			20	
AB	21	Escrow or custodial account liability Complete Part I'	V of Schedule D		21	
L	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified per	stees, key employees, sons Complete Part II	-	17°23	
Ţ		of Schedule L			22	
E S	23	Secured mortgages and notes payable to unrelated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		27,528.	26	17,780.
N E T		Organizations that follow SFAS 117, check here ► 27 through 29 and lines 33 and 34.	X and complete lines			
Ą	27	Unrestricted net assets		2,023,215.	27	2,380,949.
Š	l	Temporarily restricted net assets		17,863.	28	20,647.
Š	29	Permanently restricted net assets		41,620.	29	45,346.
R		Organizations that do not follow SFAS 117, check he	re ► and complete			
DZC	20	lines 30 through 34.			30	
	30	Capital stock or trust principal, or current funds	mont fund		<del>                                     </del>	<del>  -</del>
Ä	31	Paid-in or capital surplus, or land, building, and equip		31 32		
Ā	32	Retained earnings, endowment, accumulated income,	or other lunus	2 002 600	+	2,446,942.
BALANCES	33	Total net assets or fund balances		2,082,698.	33	2,446,342.
_	34 A	Total liabilities and net assets/fund balances		2,110,226.	34	Form <b>990</b> (2009)

Form <b>990</b> (2009)	GRAND LODGE OF NEW HAMPSHIRE	02-0104256
Part XI Fina	ncial Statements and Reporting	

元ai、(水文) 編 「 mancial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual 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>b</b> Were the organization's financial statements audited by an independent accountant?	2 b		<u> X</u>
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over review, or compilation of its financial statements and selection of an independent accountant?	rsight of the audit,	:	
If the organization changed either its oversight process or selection process during the tax year, expl in Schedule O	laın		<u>.</u>
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year v consolidated basis, separate basis, or both	were issued on a	ĺ	
Separate basis Consolidated basis 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 for Audit Act and OMB Circular A-133?	th in the Single	,	х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits	o the required audit		

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Form 990 (2009)

Page **12** 

# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545 0047 2009

Open to Public

Employer identification number 02-0104256 **%** ⊠

Yes

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?

Part le General Information on Grants and Assistance

GRAND LODGE OF NEW HAMPSHIRE

Department of the Treasury Internal Revenue Service Name of the organization

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

Attatch to Form 990.

2 Describe in Part IV the organization's procedures for monitoring the		use of grant funds in the United States	States	14 +bc 0,000,000	V' beyewage acit	se' to Form
Part II Grants and Other Assistance to Governments and		Organizations in the United States. Complete If the organization answered Tes to Form	ed States. Complei	e II the organiza	more than \$5.00	o. Use
990, Part IV, line ZI for any recipient that received more uran \$3,5 Part IV and Schedule I.1 (Form 990) if additional space is needed	_ ~	needed				<b>A</b>
1 (a) Name and address of organization or government	(c) IRC section	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GEORGE WASHINGTON NATE MASONIC M					TO SHIPPORT THE	
		6,824.	0.		MUSEUM	
NH D.A.R.E. PROGRAM						TO FIGHT DRUG
! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !		10,000.	0.			CHILDREN
NH MASONIC LODGE CHARITY PROGRAM						LODGE CHARITY
		27,458.	0.			PROGRAMS
	-					
		-				
2 Fnter total number of section 501(c)(3) and government organizations	t organizations	-				0
	1				^	<del>ر</del>
۔ ا	see the Instructions	uctions for Form 990.	TEEA3901L 02/10/10	02/10/10	Sched	Schedule I (Form 990) 2009

Page 2 02-0104256

Schedule I (Form 990) 2009 GRAND LODGE OF NEW HAMPSHIRE PAIRE 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 GRAND LODGE OF NEW HAMPSHIRE

(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
CASH	40	13,126.			
					,
Supplemental Information. Complete this part to	plete this part to pr	provide the information required in Part I,	ion required in Pai	line 2,	and any other additional information.
	           	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	,             				
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 		
	,                 	             	           	;                   	
		1 1 1 1 1 1 1 1	; ; ; ; ; ; ;		

Schedule I (Form 990) 2009

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## SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

	2009	
on	elity of mergo noisegeni	
Employer identifica	ation number	

Name of the organization GRAND LODGE OF NEW HAMPSHIRE	Employer identification number
FREE & ACCEPTED MASONS	02-0104256
Form 990, Part VI, Line 11 - Form 990 Review Process	
No_review was or will be conducted.	<b></b>
<del></del>	

Name of the organization GRAND LODGE OF NEW HAMPSHIRE  FREE & ACCEPTED MASONS	Employer identification number 02-0104256
, FREE & ACCEPTED PLASONS	100 040 1000

Federal Supporting Detail
GRAND LODGE OF NEW HAMPSHIRE
FREE & ACCEPTED MASONS 2009 · Page 1 02-0104256 Stmt. of Functional Expenses (990) Other employee benefits 20,172. 5,978. 26,150. HEALTH INSURANCE TRAVEL REIMBURSEMENT \$ Total \$