

### 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

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)

OMB No 1545-0047

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

Open to Public Inspection

4	For th	e 2009 calendar year, or tax year beginning MAY 1, 2009 and ending	APR 30, 20	010
E	Check if applicat	Please use IRS	D Employer ide	entification number
	Addr	ess label or CM TOUNG TODGE NO 1 DECUTENCE ECAM		
	chan Name chan	type	23	3-7124692
	In:tia returi	Number and street (or PU box if mail is not delivered to street address)   Room/si		
	Term	Instruc-RUSSELL A. KAWA, 225C WEAVER HILL R	40	1-397-9059
	Amer	City or town, state or country, and ZIP + 4	G Gross receipts \$	2,233,666.
	Appli tion pend	WEST GREENWICH, RI 02017-2230	H(a) Is this a gro	
	,	F Name and address of principal officer: RUSSELL A. KAWA	for affiliates	
-	<del></del>	225C WEAVER HILL ROAD, WEST GREENWICH, RI  tempt status: X 501(c) (10 ) ◀ (Insert no.) 4947(a)(1) or 527	O H(b) Are all affiliate	
_		<del></del>		ich a list. (see instructions)
_		te: ► N/A  forganization Corporation Trust Association X Other ► FRATE L Y		nption number > 0561
_	Part I	forganization Corporation Trust Association X Other FRATE LY Summary	ear of formation 1/3	7 M State of legal domicile RI
		Briefly describe the organization's mission or most significant activities: TO PROVI	DE CHARITAR	ILE SUPPORT TO
	Activities & Governance	VARIOUS ORGANIZATIONS & INDIVIDUALS.	DE CHARTIAL	DE BOFFORT TO
	E 2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of m	uoro than 25% of the m	uet ennete
	3 3	Number of voting members of the governing body (Part VI, line 1a)	iore triair 2070 or its fi	
(	5 4	Number of independent voting members of the governing body (Part VI, line 1b)		3 3
•	-σ γ: 5	Total number of employees (Part V, line 2a)		5 0
;	<b>E</b> 6	Total number of volunteers (estimate if necessary)		6 0
•	ਰੀ <sub>7a</sub>	Total gross unrelated business revenue from Part VIII, column (G) like 12		7a 0.
•	<b>⋖</b>   b	Net unrelated business taxable income from Form 990-7 line 34	_	7b 0.
_			Prior Year	Current Year
	o 8	Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)	7	
	ᇎᅵᄋ		33,63	
	Yevenue	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 4 le N 117	113,03	6160,265.
•	<sup>±</sup>   11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 4 te. N, 117		1,228,327.
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	146,67	2. 1,099,082.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	ဖ္မွ   15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,265.
	60 I	Professional fundraising fees (Part IX, column (A), line 11e)	pt with phononic	
į	Š b	Total fundraising expenses (Part IX, column (D), line 25)		07.00
٠	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		97,807.
	,	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	146 67	107,072.
_	<u>၂19</u>	Revenue less expenses. Subtract line 18 from line 12	146,67	
tso	al oc	Total consts (Part V line 16)	Beginning of Current Y 1,652,20	
Asse	명 20 명 21	Total assets (Part X, line 16)	1,032,20	2,044,210.
Jet /	20 21 22 22 22 22 22 22 22 22 22 22 22 22	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20	1,652,20	0. 2,644,210.
ī	Part II	Signature Block	1,052,20	<u> </u>
<u> </u>	****	Under penaltities of perjury, I deplare that I have examined this return, including accompanying schedules and statemen and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowled	ts, and to the best of my kno	owledge and belief, it is true, correct,
		and complete Declaration of freparer (other than officer) is based on all information of which preparer has any knowled	lge	s 1
S	ign	V ( Sucul a Slawa_	V3,	115/17
	erø	Signature of officer	Date	<del></del>
Н		RUSSELL A. KAWA, TREASURER		
_		Type or print name and title		
_				reparer's identifying number see instructions)
	aid Taparar's	signature John C. Lecleer, CPQ 3/14/11	self- employed   (s	
	eparer's	Firm's name (or // CAYER CACCIA, LLP yours if	EIN ►	
US	e Only	self-employed), 592 PUTNAM PIKE SUITE 6		
_		address, and ZIP+4 GREENVILLE, RI 02828	Phone no	<b>►</b> 401-949-1040
M	ay the II	3S discuss this return with the preparer shown above? (see instructions)		X Yes No

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2009)

1 E	Briefly describe the organ The organizat their familie	tion provides s	nplishments upport to present and scholarships to qual	past members ified applica	and	
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2 0	their familie	es and provides	scholarships to qual	ified applica	nts.	
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ti	Old the organization unde	ertake any significant program	services during the year which were not I	isted on		
	he prior Form 990 or 990	0-EZ?			Yes	X No
If	f "Yes," describe these r	new services on Schedule O.				
<b>3</b> D	old the organization ceas	se conducting, or make signific	cant changes in how it conducts, any prog	ram services?	Yes	X No
		changes on Schedule O.	, and a second of the second o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			£ 4h			
			f the organization's three largest program			
			on 4947(a)(1) trusts are required to report	_		
а	illocations to others, the	total expenses, and revenue,	if any, for each program service reported.			
4a (0	Code:	) (Expenses \$ 1070	072 • including grants of \$	) (Revenue \$		)
J	The organizat	tion provides s	apport to present and	past members	and th	neir
			arships to qualified			
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   Id 01	ther program services. ((	Describe in Schedule O.)				
	ther program services. (I	Describe in Schedule O.) Including grants of	\$ ) (Revenue \$	1		

			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		Х
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
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	5_		
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,		İ	
	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		<u>X</u> _
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	ļ		
	If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 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		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No	,		
	If "Yes," completing Schedule D, Parts XI. XII, and XIII is optional 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
þ	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		ĺ	
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
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,	_		v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_		v
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u>X</u>
. 5	complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	$\dashv$	X
	2.5 m. 2.322 operate end of morphisms ( ii 100, complete conductor)	Form 9	990 0	

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Form	990 (2009) St. Johns Lodge No. 1, Providence, F&AM 23-7124	1692	P	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			r
			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		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	1		
	Schedule J	23	<b></b>	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		<u> </u>
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		
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		
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).			
		28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		<u>X</u>
ຼ31	Did the organization liquidate, terminate, or dissolve and cease operations?		_	,
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
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		_ <u>X</u> _
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		<u>X</u>
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		<u>X</u>
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		<u> </u>
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	
		Form 9	<b>990</b> (2	2009)

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	Otacinents regarding Other into I imigs and Tax Compilation			T	T
٠,	For all and the Pool of Four 4000 Assert Commenced Transmitted of	1 1	F	Yes	No
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1 <sub>a</sub> 3			
	U.S. Information Returns. Enter -0- if not applicable	1a 3	1		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and r		}		
G	(gambling) winnings to prize winners?	oportable garring	1c	Х	ĺ
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
20	filed for the calendar year ending with or within the year covered by this return	2a 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	•	
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see				·
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered		3a	<u> </u>	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	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		4a		Х
ь	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?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	iction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	arding Prohibited			
	Tax Shelter Transaction?		5c		ļ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization solicit			.,
	any contributions that were not tax deductible?	-	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts	۸.		
_	were not tax deductible?		6b		ļ
	Organizations that may receive deductible contributions under section 170(c).	and and annuar			l
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and services	7a		X
h	provided to the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	•	7b		<del></del>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required	7.0		
Ŭ	to file Form 8282?	ao 104000	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	personal			l
	benefit contract?		7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	.,	7g		ļ
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	ess business holdings			ĺ
_	at any time during the year?		8		<b></b>
9	Sponsoring organizations maintaining donor advised funds.		0-		1
a	Did the organization make any taxable distributions under section 4966?		9a 9b		<del></del>
о О	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:		90		
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			
1	Section 501(c)(12) organizations. Enter:	<u></u>			ĺ
a	Gross income from members or shareholders	11a			
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
			Form	<b>990</b> (	2009)

St. Johns Lodge No. 1, Providence, F&AM 23-7124692 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 3 **b** Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 X 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the X 7a governing body? X b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7h 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Does the organization have local chapters, branches, or affiliates? 10a 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 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Х 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this is done 13 13 Does the organization have a written whistleblower policy? 14 Does the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a 15b b Other officers or key employees of the organization 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 Х 16a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 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.

Form **990** (2009)

20

02817-2256

X Upon request

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

225C Weaver Hill Road, West Greenwich, RI

Another's website

Russell A. Kawa - 401-397-9059

Own website

statements available to the public.

## 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 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 not c	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Position					Reportable	Reportable	Estimated	
	hours	_	(check all that apply)		compensation	compensation	amount of			
	per week	Individual trustæe or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
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Edward F. Ellsworth	1000			l				2600		•
Treasurer	10.00			Х	_			2600.	0.	0.
Edwin E. Fielder	10.00			х		İ		2400.	0.	0.
Secretary Russell A. Kawa	10.00			^		<del> </del>		2400.	0.	
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Form **990** (2009)

\$100,000 in compensation from the organization

Total number of independent contractors (including but not limited to those listed above) who received more than

ST. JOHNS LODGE NO. 1, PROVIDENCE, F&AM 23-7124692 Form 990 (2009) Part VIII Statement of Revenue (D) (A) (B) (C) Revenue excluded from tax under Total revenue Related or Unrelated exempt function business sections 512, 513, or 514 revenue revenue 1 a Federated campaigns 1a b Membership dues 1b Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 9 Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** 900099 16,437. 16,437. 2 a DUES Program Service Revenue OTHER 900099 950. 950. 900099 13,633. 13,633. f All other program service revenue 31,020. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 117,558. 117,558. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 856761. assets other than inventory b Less: cost or other basis and sales expenses 1,134,584 c Gain or (loss) -277,823, -277,823. | -277,823.d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses ▶ c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a UNREALIZED APPRECIATIO 900099 1228327. 1228327 d All other revenue 1228327. e Total. Add lines 11a-11d 1099082. 1099082 Ō. 0. Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.	
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13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 12 Depreciation, depletion, and amortization 15 Insurance	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
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All other expenses  Total functional expenses. Add lines 1 through 24f  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	d								
Total functional expenses. Add lines 1 through 24f  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		_	<del>-</del>						
SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined	_		107072			<del></del>			
SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined			101012.						
reported in column (B) joint costs from a combined	LU	- 1							

2,644,210. Form **990** (2009)

1,652,200.

34

Total liabilities and net assets/fund balances

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form **990** (2009)

3ь

#### SCHEDULE O (Form 990)

## **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.

2009 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

St. Johns Lodge No. 1, Providence, F&AM

Employer identification number 23-7124692

Form 990, Part I, Item K, Other Organization Type:
Fraternal
Form 990, Part VI, Section A, line 6: Every individual who has signed the
Organization's By-Laws is a member of the Organization.
Form 990, Part VI, Section A, line 7a: Members elect, from among the
members, the members of the Governing Body at the Annual meeting every
year.
Form 990, Part VI, Section A, line 7b: Members, meeting in monthly open
session, approve and ratify decisions and actions of the Governing Body.
Form 990, Part VI, Section B, line 11: Treasurer reviews Form 990 with the preparer prior to filing of same.
Form 990, Part VI, Section C, Line 19: Organization makes its governing
documents, financial statements, and other relevant information available
to the public upon request during normal business hours at 2115 Broad
Street, Cranston, Rhode Island.

#### Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1709

Form 8868 (Rev 4-2009)

Internal Rever	nue Service	File a separate application for each return.							
<ul><li>If you a</li></ul>	If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box  If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)  Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.								
Part I	Automatic	3-Month Extension of Time. Only submit original (no copies needed)							
	tion required to file	Form 990-T and requesting an automatic 6-month extension - check this box and comp	lete	<b>&gt;</b>	]				
	All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.								
noted belo (not autom you must s	Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit you want for the file for Charities & Nonprofits.								
Type or print	Name of Exempt	Organization	Empl	oyer identification num	ber				
File by the		s Lodge No. 1, Providence, F&AM	2	3-7124692					
due date for filing your return See		and room or suite no. If a P.O. box, see instructions A. Kawa, 225C Weaver Hill Road			<u> </u>				
nstructions		office, state, and ZIP code. For a foreign address, see instructions enwich, RI 02817-2256							
Check typ	e of return to be t	iled (file a separate application for each return):							
Form	X       Form 990       Form 990-T (corporation)       Form 4720         Form 990-BL       Form 990-T (sec. 401(a) or 408(a) trust)       Form 5227         Form 990-EZ       Form 990-T (trust other than above)       Form 6069         Form 990-PF       Form 1041-A       Form 8870								
		Russell A. Kawa of ▶ 225C Weaver Hill Road - West Greenwich,	RI	02817-2256					
If the or	for a Group Retur	TAX No. ►  of thave an office or place of business in the United States, check this box  of the group, check this box  and attach a list with the names and EINs of all me							
Is for ▶ □	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until								
2 If this	tax year is for less	s than 12 months, check reason Initial return Final return	c	Change in accounting per	nod				
	application is for sfundable credits.	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any See instructions.	3a	\$					
		Form 990-PF or 990-T, enter any refundable credits and estimated	_						
c Balar	ce Due. Subtract	line 3b from line 3a. Include your payment with this form, or, if required,	3ь	\$	_				
	sit with FTD couponstructions.	n or, if required, by using EFTPS (Electronic Federal Tax Payment System)	3c	\$ N/A					
aution If	vou are going to m	ake an electronic fund withdrawal with this Form 8868, see Form 8453-FO and Form 88	 70-54	O for povement instruction					

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)			Page 2
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	ox		<b>▶</b> [X]
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	d Form	8868	
● If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	_		_
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no o	oples i	needed).	
Type or Name of Exempt Organization	Emp	loyer identific	ation number
St. Johns Lodge No. 1, Providence, F&AM	2	3-71246	92
Number, street, and room or suite no If a P.O box, see instructions.  Russell A. Kawa, 225C Weaver Hill Road	For I	RS use only	
return See Instructions West Greenwich, RI 02817-2256			
Check type of return to be filed (File a separate application for each return):			
X         Form 990         Form 990-EZ         Form 990-T (sec. 401(a) or 408(a) trust)         Form 1041-A           Form 990-BL         Form 990-PF         Form 990-T (trust other than above)         Form 4720		orm 5227 [ orm 6069	Form 8870
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	ısly file	d Form 8868.	
Russell A. Kawa			
• The books are in the care of ▶ 225C Weaver Hill Road - West Greenwich,	RI	02817-	2256
Telephone No. ► 401-397-9059 FAX No. ►		•	
If the organization does not have an office or place of business in the United States, check this box			<b>D</b>
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the second content is the second content of the second content in the second content is the second content of the second content in the second content is the second content of the second content in the second content is the second content in the second content in the second content is the second content in the second content i	is is fo	the whole gro	oup, check this
box ▶ If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all			
4   request an additional 3-month extension of time until March 15, 2011			
5 For calendar year, or other tax year beginning MAY 1, 2009 , and ending _	APR	30, 20	10
6 If this tax year is for less than 12 months, check reason: Initial return Final return		Change in acc	ounting period
7 State in detail why you need the extension			
Complications involving various matters make it imposs	<u>ibl</u>	e to fi	le
an accurate and timely return.			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	,		
nonrefundable credits See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid			
previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	] [		/-
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	\$	N/A
Signature and Verification		-	
Under penalties of perjury, I decla <u>re that I ha</u> ve examined this form, including accompanying schedules and statements, and to the it is true, correct, and complete, and that I am authorized to prepare this form	best of	my knowledge a	and belief,
Signature ► John C. Lucker Title ► CPA	Date	<u>► 13/13</u>	//0
		Form <b>88</b>	68 (Rev 4-2009)

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