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EXTENSION GRANTED TO JUNE 15, 2011

Return of Organization Exempt From Income Tax

Form 990

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2009

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

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

A For the 2009 calendar year, or tax year beginning AUG 1, 2009 and ending JUL 31, 2010

<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GRAND LODGE OF IOWA, A.F. AND A.M.		D Employer identification number 42-0280080	
	Doing Business As		E Telephone number 319-365-1438	
	Number and street (or P.O. box if mail is not delivered to street address) PO BOX 279		Room/suite	
	City or town, state or country, and ZIP + 4 CEDAR RAPIDS, IA 52406		G Gross receipts \$ 871,706.	
	F Name and address of principal officer WILLIAM R. CRAWFORD SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (10) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
	J Website: ► WWW.GL-IOWA.ORG		H(c) Group exemption number ►	

K Form of organization: Corporation Trust Association Other ► L Year of formation: **1943** M State of legal domicile: **IA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO CONDUCT FRATERNAL, EDUCATIONAL, AND CHARITABLE ACTIVITIES AND TO PROVIDE STUDENT		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	3
	5 Total number of employees (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 78,268.	
	9 Program service revenue (Part VIII, line 2g)	Current Year 564,661.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	147,999. 105,726.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	78,156. 17,460.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,060,776. 766,115.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	211,218. 214,245.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	300,445. 330,176.	
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	RECEIVED	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,225,561. 1,064,845.	
	b Total fundraising expenses (Part IX, column (D), line 25)	713,898. 520,424.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<164,785. <298,730.	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	5,765,274. 5,934,780.	
	19 Revenue less expenses Subtract line 18 from line 12	OGDEN, UT	
	20 Total assets (Part X, line 16)	Beginning of Current Year 5,770,556. End of Year 5,940,381.	
21 Total liabilities (Part X, line 26)	5,282. 5,601.		
22 Net assets or fund balances Subtract line 21 from line 20			

Part II Signature Block

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 William R. Crawford		Date June 15, 2011	
WILLIAM R. CRAWFORD, GRAND SECRETARY				
Type or print name and title				

Paid Preparer's Use Only	Preparer's signature ► gaylor.schay	Date 6-15-2011	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 RSM MCGLADREY, INC. ► 221 THIRD AVENUE SE, SUITE 300 ► CEDAR RAPIDS, IA 52401-1512	EIN ►		Phone no. ► 319-298-5333

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

GvB

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO CONDUCT FRATERNAL, EDUCATIONAL, AND CHARITABLE ACTIVITIES AND TO PROVIDE STUDENT SCHOLARSHIPS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ including grants of \$) (Revenue \$)

FRATERNAL ACTIVITIES: SUPPORT VARIOUS MASONIC LODGES THROUGHOUT THE STATE.

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

EDUCATIONAL ACTIVITIES:

LIBRARY AND MUSEUMS - OPERATE THE IOWA MASONIC LIBRARY AND MUSEUMS.

SCHOLARSHIPS - PROVIDE COLLEGE SCHOLARSHIPS TO DESERVING IOWA HIGH SCHOOL SENIORS.

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

CHARITABLE ACTIVITIES: SUPPORT NURSING HOMES, HELP NEEDY FAMILIES, AND PROVIDE FINANCIAL RELIEF FOR NATURAL DISASTERS.

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	
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, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable <ul style="list-style-type: none"> ● 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 	11	X
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States? 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	14a	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	14b	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	15	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	16	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	17	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	18	X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19	X
	20	X

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
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)		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	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	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	0
1b		1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	8	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?	10a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
10	Section 501(c)(7) organizations. Enter	11a	
a	Initiation fees and capital contributions included on Part VIII, line 12	11b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	12a	
11	Section 501(c)(12) organizations. Enter	12b	
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	1a	3
b	Enter the number of voting members that are independent	1b	3
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	X
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► <u>NONE</u>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► <u>WILLIAM R. CRAWFORD - 319-365-1438</u>
	<u>813 1ST AVE SE, CEDAR RAPIDS, IA 52402</u>

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check the box if one or more of the persons listed did not compensate any current officer, director, or trustee.

Check this box if the

(A) (B) (C) (D)

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

1b Total

111,980.

0

42,271.

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

0

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **NONE**

the organization	NONE	(A)	Name and business address	(B)	Description of services	(C)	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

0

Form 990 (2009)

Part VIII Statement of Revenue

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts					
1 a Federated campaigns	1a				
b Membership dues	1b	37,279.			
c Fundraising events	1c				
d Related organizations	1d	15,740.			
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	25,249.			
g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f		78,268.			
Program Service Revenue					
2 a MEMBERSHIP DUES	Business Code				
b AFFILIATE SERVICES					
c	900099	496,170.	496,170.		
d	561000	68,491.	68,491.		
e					
f All other program service revenue					
g Total. Add lines 2a-2f		564,661.			
Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts)		► 211,317.			211,317.
4 Income from investment of tax-exempt bond proceeds		►			
5 Royalties		►			
6 a Gross Rents	(i) Real	(ii) Personal			
b Less rental expenses	17,460.				
c Rental income or (loss)	17,460.				
d Net rental income or (loss)		►	17,460.		17,460.
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses	105591.				
c Gain or (loss)	<105,591.				
d Net gain or (loss)		►	<105,591.►		<105591.►
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events		►			
9 a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities		►			
10 a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory		►			
Miscellaneous Revenue	Business Code				
11 a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		►			
12 Total revenue See instructions.		766,115.	564,661.	0.	123,186.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	93,245.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	121,000.			
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	111,780.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	133,053.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	13,483.			
9 Other employee benefits	53,989.			
10 Payroll taxes	17,871.			
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	12,876.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,448.			
g Other	17,352.			
12 Advertising and promotion				
13 Office expenses	69,322.			
14 Information technology	15,679.			
15 Royalties				
16 Occupancy	162,237.			
17 Travel	20,090.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,425.			
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	41,502.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a TUCKPOINTING	40,268.			
b PUBLICATIONS	29,009.			
c MEALS & ENTERTAINMENT	19,872.			
d BOARD AND COMMITTEE EXP	17,819.			
e GM CONTINGENT FUND	16,750.			
f All other expenses	32,775.			
25 Total functional expenses. Add lines 1 through 24f	1,064,845.			
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	227,916.	1	87,232.
	2 Savings and temporary cash investments	643,808.	2	519,713.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		
	b Less accumulated depreciation	10b		10c
	11 Investments - publicly traded securities	4,898,832.	11	5,333,436.
	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		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	5,770,556.	16	5,940,381.
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	5,282.	25	5,601.
	26 Total liabilities. Add lines 17 through 25	5,282.	26	5,601.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,176,695.	27	5,345,184.
	28 Temporarily restricted net assets	588,579.	28	589,596.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	5,765,274.	33	5,934,780.
	34 Total liabilities and net assets/fund balances	5,770,556.	34	5,940,381.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b Were the organization's financial statements audited by an independent accountant?	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Form 990 (2009)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

GRAND LODGE OF IOWA, A.F. AND A.M.

Employer identification number

42-0280080

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

	Held at the End of the Tax Year
2a Total number of conservation easements	
2b Total acreage restricted by conservation easements	
2c Number of conservation easements on a certified historic structure included in (a)	
2d Number of conservation easements included in (c) acquired after 8/17/06	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.	
(i) Revenues included in Form 990, Part VIII, line 1	► \$ _____
(ii) Assets included in Form 990, Part X	► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	► \$ _____
b Assets included in Form 990, Part X	► \$ _____

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

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

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs

e Other _____

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

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

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

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

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

c Beginning balance
 d Additions during the year
 e Distributions during the year
 f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

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

Yes No

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ► _____ %
 b Permanent endowment ► _____ %
 c Term endowment ► _____ %

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

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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

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

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

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 0.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

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

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ►

Part IX Other Assets. See Form 990, Part X, line 15

Total. (Column (b) must equal Form 990, Part X, col (B) line 15)

Part X Other Liabilities. See Form 990, Part X, line 25

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

5.601

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

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

1	1	766,115.
2	2	1,064,845.
3	3	<298,730.>
4	4	
5	5	
6	6	
7	7	
8	8	468,236.
9	9	468,236.
10	10	169,506.

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

1	1	775,186.
2	2a	
2	2b	
2	2c	
2	2d	9,071.
2e		9,071.
3	3	766,115.
4	4a	
4	4b	
4c		0.
5	5	766,115.

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

1	1	1,073,916.
2	2a	
2	2b	
2	2c	
2	2d	9,071.
2e		9,071.
3	3	1,064,845.
4	4a	
4	4b	
4c		0.
5	5	1,064,845.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

PART III, LINE 1A: THE ORGANIZATION DOES NOT REPORT IN ITS REVENUE

STATEMENT AND BALANCE SHEET WORKS OF ART, HISTORICAL TREASURES, OR OTHER SIMILAR ASSETS HELD FOR PUBLIC EXHIBITION, EDUCATION OR RESEARCH IN FURTHERANCE OF PUBLIC SERVICE. THE ORGANIZATION UNDERWENT A TAX BASIS (NON-GAAP) AUDIT FOR THE YEAR ENDED JULY 31, 2010 AND WAS NOT SUBJECT TO SFAS 116 REPORTING.

PART III, LINE 4: RELICS AND RARE BOOKS, BOTH MASONIC AND NON-MASONIC

Part XIV Supplemental Information (continued)

ARE INCLUDED IN THE COLLECTIONS. THE COLLECTIONS ARE ON DISPLAY FOR
MEMBERS AS WELL AS THE GENERAL PUBLIC IN THE MASONIC LIBRARY AND MUSEUMS.
MAINTAINING THE COLLECTIONS FURTHER THE ORGANIZATION'S FRATERNAL AND
EDUCATIONAL EXEMPT PURPOSES BY PRESERVING AND EXHIBITING TREASURED
HISTORICAL ARTIFACTS FOR ALL TO ENJOY. IT IS THE OLDEST SPECIAL
COLLECTION IN THE STATE OF IOWA.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

PRIOR PERIOD ADJ PER AUDIT - UNREALIZED G/L: 468236.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ELIMINATION: 9071.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

ELIMINATION: 9071.

SCHEDULE I
(Form 990)

OMB No 1545-0047

2009

Open to Public
Inspection

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
► Attach to Form 990.

Name of the organization

GRAND LODGE OF IOWA, A.F. AND A.M.

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ►

1 (a) Name and address of organization or government	1 (b) EIN	1 (c) IRC section if applicable	1 (d) Amount of cash grant	1 (e) Amount of non-cash assistance	1 (f) Method of valuation (book, FMV, appraisal, other)	1 (g) Description of non-cash assistance	1 (h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 750 HAWKINS DR IOWA CITY, IA 522416	41-0724036	501(c)(3)	30,197.	0	N/A	N/A	HOPE LODGE
HERMAN L ROWLEY MEMORIAL TRUST 3000 E WILLIS AVE PERRY, IA 50220	42-0807103	501(c)(3)	17,376.	0	N/A	N/A	ROWLEY MEMORIAL MASONIC HOME
IOWA MASONIC HEALTH FACILITIES 2500 GRANT ST BETTENDORF, IA 52722	42-0892476	501(c)(3)	11,294.	0	N/A	N/A	HEALTH CARE FOR THE AGING
IOWA MASONIC LIBRARY AND MUSEUMS BUILDING ENDOWMENT FUND - 813 1ST AVE SE - CEDAR RAPIDS, IA 52402	42-1488614	501(c)(3)	6,003.	0	N/A	N/A	BUILDING ENDOWMENT FUND
MONTAGUE LODGE NO. 117 1305 23RD AVE ELDORA, IA 50627	42-0280080	501(c)(10)	10,000.	0	N/A	N/A	DISASTER RELIEF

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

3 Enter total number of other organizations

► 4.

► 1.

Schedule I (Form 990) 2009

GRAND LODGE OF IOWA, A.F. AND A.M.

Immigrants and Other Assistance to Individuals in the United States. Complete Part IV and Schedule I-1 (Form 990) if additional space is needed

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

(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
---------------------------------	--------------------------	--------------------------	-----------------------------------	---	--

SCHOLARSHIPS	60	120,000.	0	N/A
DISASTER ASSISTANCE	1	1,000.	0	N/A

For the first time in history, the world is facing a situation where the majority of the population is not only literate but also literate in English.

1. **NAME:** DR. J. S. SINGH **2. *LINE 1:*** DEPARTMENT OF POLYMER SCIENCE **3. *LINE 2:*** INDIAN INSTITUTE OF TECHNOLOGY **4. *LINE 3:*** NEW DELHI-110 016 **5. *LINE 4:*** INDIA **6. *LINE 5:*** TELEPHONE NO. 333-1111 **7. *LINE 6:*** TELEGRAM ADDRESS: IIT-NEW DELHI **8. *LINE 7:*** TELETYPE NO. 333-1111 **9. *LINE 8:*** TELEFACSIMILE NO. 333-1111 **10. *LINE 9:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **11. *LINE 10:*** TELEFACSIMILE NO. 333-1111 **12. *LINE 11:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **13. *LINE 12:*** TELEFACSIMILE NO. 333-1111 **14. *LINE 13:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **15. *LINE 14:*** TELEFACSIMILE NO. 333-1111 **16. *LINE 15:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **17. *LINE 16:*** TELEFACSIMILE NO. 333-1111 **18. *LINE 17:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **19. *LINE 18:*** TELEFACSIMILE NO. 333-1111 **20. *LINE 19:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **21. *LINE 20:*** TELEFACSIMILE NO. 333-1111 **22. *LINE 21:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **23. *LINE 22:*** TELEFACSIMILE NO. 333-1111 **24. *LINE 23:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **25. *LINE 24:*** TELEFACSIMILE NO. 333-1111 **26. *LINE 25:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **27. *LINE 26:*** TELEFACSIMILE NO. 333-1111 **28. *LINE 27:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **29. *LINE 28:*** TELEFACSIMILE NO. 333-1111 **30. *LINE 29:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **31. *LINE 30:*** TELEFACSIMILE NO. 333-1111 **32. *LINE 31:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **33. *LINE 32:*** TELEFACSIMILE NO. 333-1111 **34. *LINE 33:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **35. *LINE 34:*** TELEFACSIMILE NO. 333-1111 **36. *LINE 35:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **37. *LINE 36:*** TELEFACSIMILE NO. 333-1111 **38. *LINE 37:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **39. *LINE 38:*** TELEFACSIMILE NO. 333-1111 **40. *LINE 39:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **41. *LINE 40:*** TELEFACSIMILE NO. 333-1111 **42. *LINE 41:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **43. *LINE 42:*** TELEFACSIMILE NO. 333-1111 **44. *LINE 43:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **45. *LINE 44:*** TELEFACSIMILE NO. 333-1111 **46. *LINE 45:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **47. *LINE 46:*** TELEFACSIMILE NO. 333-1111 **48. *LINE 47:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **49. *LINE 48:*** TELEFACSIMILE NO. 333-1111 **50. *LINE 49:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **51. *LINE 50:*** TELEFACSIMILE NO. 333-1111 **52. *LINE 51:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **53. *LINE 52:*** TELEFACSIMILE NO. 333-1111 **54. *LINE 53:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **55. *LINE 54:*** TELEFACSIMILE NO. 333-1111 **56. *LINE 55:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **57. *LINE 56:*** TELEFACSIMILE NO. 333-1111 **58. *LINE 57:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **59. *LINE 58:*** TELEFACSIMILE NO. 333-1111 **60. *LINE 59:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **61. *LINE 60:*** TELEFACSIMILE NO. 333-1111 **62. *LINE 61:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **63. *LINE 62:*** TELEFACSIMILE NO. 333-1111 **64. *LINE 63:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **65. *LINE 64:*** TELEFACSIMILE NO. 333-1111 **66. *LINE 65:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **67. *LINE 66:*** TELEFACSIMILE NO. 333-1111 **68. *LINE 67:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **69. *LINE 68:*** TELEFACSIMILE NO. 333-1111 **70. *LINE 69:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **71. *LINE 70:*** TELEFACSIMILE NO. 333-1111 **72. *LINE 71:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **73. *LINE 72:*** TELEFACSIMILE NO. 333-1111 **74. *LINE 73:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **75. *LINE 74:*** TELEFACSIMILE NO. 333-1111 **76. *LINE 75:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **77. *LINE 76:*** TELEFACSIMILE NO. 333-1111 **78. *LINE 77:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **79. *LINE 78:*** TELEFACSIMILE NO. 333-1111 **80. *LINE 79:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **81. *LINE 80:*** TELEFACSIMILE NO. 333-1111 **82. *LINE 81:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **83. *LINE 82:*** TELEFACSIMILE NO. 333-1111 **84. *LINE 83:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **85. *LINE 84:*** TELEFACSIMILE NO. 333-1111 **86. *LINE 85:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **87. *LINE 86:*** TELEFACSIMILE NO. 333-1111 **88. *LINE 87:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **89. *LINE 88:*** TELEFACSIMILE NO. 333-1111 **90. *LINE 89:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **91. *LINE 90:*** TELEFACSIMILE NO. 333-1111 **92. *LINE 91:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **93. *LINE 92:*** TELEFACSIMILE NO. 333-1111 **94. *LINE 93:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **95. *LINE 94:*** TELEFACSIMILE NO. 333-1111 **96. *LINE 95:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **97. *LINE 96:*** TELEFACSIMILE NO. 333-1111 **98. *LINE 97:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI **99. *LINE 98:*** TELEFACSIMILE NO. 333-1111 **100. *LINE 99:*** TELEGRAPHIC ADDRESS: IIT-NEW DELHI

תְּמִימָנֶה כְּבוֹד מִזְבֵּחַ כְּבוֹד מִזְבֵּחַ

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

GRAND LODGE OF IOWA, A.F. AND A.M.

Employer identification number
42-0280080

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art	<input checked="" type="checkbox"/>	1	0.	N/A
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgment

29

1

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2009

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33
Also complete this part for any additional information

SCHEDULE M, PART I, COLUMN (B): NUMBER OF CONTRIBUTIONS

SCHEDULE M, LINE 33: THE ORGANIZATION DOES NOT ASSIGN VALUE TO WORKS
OF ART AND DOES NOT RECORD THE DONATION OF SUCH ITEMS ON THE INCOME
STATEMENT OR THE BALANCE SHEET.

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

GRAND LODGE OF IOWA, A.F. AND A.M.

Employer identification number
42-0280080

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SCHOLARSHIPS.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERS OF THE ORGANIZATION INCLUDE
OFFICERS, PAST ELECTIVE OFFICERS THAT ARE CURRENT MEMBERS OF A SUBORDINATE
LODGE, ALL MEMBERS OF THE ORGANIZATION'S BOARDS AND STANDING COMMITTEES,
AND THE MASTER AND THE WARDENS OF EACH OF ITS CHARTERED LODGES. THE
MEMBERS ELECT THE ORGANIZATION'S OFFICERS ANNUALLY, INCLUDING THE GRAND
MASTER (TOP MANAGEMENT OFFICIAL.)

FORM 990, PART VI, SECTION A, LINE 7A: A NEW GRAND MASTER IS ELECTED
ANNUALLY BY THE ORGANIZATION'S MEMBERS. THE GRAND MASTER APPOINTS THE
ORGANIZATION'S GOVERNING BODY KNOWN AS THE BOARD OF TRUSTEES. THE BOARD OF
TRUSTEES CONSISTS OF THREE MEMBERS, EACH SERVING A SIX YEAR TERM. IN EACH
ODD NUMBERED YEAR, THE TERM OF ONE TRUSTEE EXPIRES AND THE GRAND MASTER
APPOINTS A TRUSTEE FOR A NEW TERM OF SIX YEARS. NO TRUSTEE MAY BE
APPOINTED FOR MORE THAN TWO CONSECUTIVE TERMS. IF A VACANCY OCCURS, THE
GRAND MASTER WILL APPOINT A NEW TRUSTEE TO FILL THE VACANCY FOR THE
REMAINDER OF THE UNEXPIRED TERM.

FORM 990, PART VI, SECTION B, LINE 11: THE DRAFT FORM 990 IS REVIEWED BY
THE GRAND SECRETARY WITH THE TAX PREPARER. AFTER MAKING ALL APPROPRIATE
CHANGES, THE FINAL FORM 990 IS PROVIDED TO THE BOARD OF TRUSTEES VIA E-MAIL
PRIOR TO FILING WITH THE IRS. THE GRAND SECRETARY PRESENTS THE FINAL FORM
990 TO THE BOARD OF TRUSTEES AND THE GRAND MASTER ANNUALLY.

SCHEDULE O

(Form 990)

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

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

GRAND LODGE OF IOWA, A.F. AND A.M.

Employer identification number
42-0280080

FORM 990, PART VI, SECTION B, LINE 12C: THE BOARD OF TRUSTEES ANNUALLY REVIEWS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. THE CONFLICT OF INTEREST POLICY REQUIRES EACH OFFICER, TRUSTEE, OR COMMITTEE MEMBER TO ANNUALLY DISCLOSE TO THE BOARD OF TRUSTEES ANY FINANCIAL INTERESTS THAT COULD GIVE RISE TO CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15:

THE PROCESS FOR SETTING COMPENSATION FOR THE GRAND SECRETARY AND ALL OTHER PAID OFFICERS AND EMPLOYEES BEGINS WITH THE GRAND SECRETARY AND DEPUTY GRAND SECRETARY PRESENTING A PROPOSAL TO THE BOARD OF TRUSTEES FOR APPROVAL. THE PROPOSAL IS DISCUSSED AMONGST THE BOARD OF TRUSTEES AND SECRETARIES IN A CONVERSATIONAL DIALOGUE. THE ORGANIZATION DOES NOT USE COMPARABLE DATA IN SETTING SALARIES, BUT RATHER THEY CONSIDER THE COST OF LIVING AND TRY TO GIVE NOMINAL COST OF LIVING SALARY INCREASES AND ENSURE THAT COMPETITIVE HEALTH BENEFITS ARE BEING PROVIDED TO EMPLOYEES. THE BOARD OF TRUSTEES APPROVES THE FINAL COMPENSATION OF OFFICERS AND DOCUMENTS SUCH APPROVAL IN THE BOARD OF TRUSTEES MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IV, LINE 12

THE FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTING FIRM ON A MODIFIED CASH, FEDERAL INCOME TAX BASIS FOR THE YEAR ENDED JULY 31, 2010.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

GRAND LODGE OF IOWA, A.F. AND A.M.

Employer identification number
42-0280080

FORM 990, PART VIII, LINE 7B

THE GROSS PROCEEDS AND COST BASIS FOR THE SALE OF SECURITIES WAS NOT READILY AVAILABLE.

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

Name of the organization

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Part I **Identification of Disregarded Entities** (Complete if the organization answered Yes to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
OWA MASONIC SCHOLARSHIP ENDOWMENT FUND -	FUND FOR THE PURPOSE OF				
12-0280080, PO BOX 279, CEDAR RAPIDS, IA	PROVIDING COLLEGE				
12406	SCHOLARSHIPS	IOWA	129,282.	3223925 • N/A	

Part II **Identification of Related Tax-Exempt Organizations during the tax year)**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
IOWA MASONIC LIBRARY AND MUSEUMS BUILDING ENDOWMENT FUND - 42-1488614. 813 1ST AVE SE. CEDAR RAPIDS, IA 52402	TO ASSIST IN MAINTENANCE OF THE LIBRARY AND MUSEUMS	IOWA	501(C) (3)	LINE 7	N/A
IOWA MASONIC LIBRARY ASSOCIATION - 42-1334638. PO BOX 279. CEDAR RAPIDS, IA 52406	TO MAINTAIN MASONIC LIBRARY AND LIBRARY SERVICES	IOWA	501(C) (3)	LINE 7	N/A
MASONIC CHARITABLE EDUCATIONAL CORPORATION - 42-6061108. PO BOX 279. CEDAR RAPIDS, IA 52406	TO PROVIDE FUNDING FOR EDUCATION	IOWA	501(C) (3)	LINE 9	N/A
HERMAN L. ROWLEY MEMORIAL TRUST (ROWLEY MEMORIAL MASONIC HOME) - 42-08070103. 3000 E WILLIS AVE. PERRY IA 50220	TO PROVIDE SEVERAL LEVELS OF HEALTH CARE AND INDEPENDENT LIVING	IOWA	501(C) (3)	LINE 9	N/A

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

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization is a partnership)

Part III **Identification of Related Organizations** **axable as a partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year)

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
CHARLES LINDERMAN MEMORIAL TRUST - 42-6166976 PO BOX 279 CEDAR RAPIDS, IA 52406	TO SUPPORT FUNDING OF EDUCATION	IA	MASONIC CHARITABLE EDUCATIONAL TRUST	TRUST	7.807.	136,409.	100.00%

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

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

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
MASONIC VILLAGE, INC. - 42-1302120 2500 GRANT ST BETTENDORF, IA 52722	TO PROVIDE INDEPENDENT LIVING APARTMENTS	IOWA	501(C)(3)	LINE 9	N/A
IOWA MASONIC HEALTH FACILITIES - 42-0892476 2500 GRANT ST BETTENDORF, IA 52722	TO PROVIDE SEVERAL LEVELS OF HEALTH CARE AND INDEPENDENT LIVING	IOWA	501(C)(3)	LINE 9	N/A

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed 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 copies needed)	
Type or print <small>File by the extended due date for filing your return. See instructions</small>	Name of exempt organization GRAND LODGE OF IOWA, A.F. AND A.M.	Employer identification number 42-0280080
	Number, street, and room or suite no. If a P.O. box, see instructions PO BOX 279	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions CEDAR RAPIDS, IA 52406	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► **WILLIAM R. CRAWFORD - 813 1ST AVE SE - CEDAR RAPIDS, IA 52402**
Telephone No ► **319-365-1438** FAX No ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, 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 members the extension is for

4 I request an additional 3-month extension of time until **JUNE 15, 2011**

5 For calendar year _____, or other tax year beginning **AUG 1, 2009**, and ending **JUL 31, 2010**

6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return
 Change in accounting period

7 State in detail why you need the extension

THE TAXPAYER IS UNABLE TO ACCUMULATE THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN BY THE DUE DATE.

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	\$	0.
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	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►

Title ► **GRAND SECRETARY**

Date ►

Form 8868 (Rev. 1-2011)