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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	e 2009 calendar year, or tax year beginning 9/01 , 2009, and ending	8/3	1	. 2	010		
		applicable C			yer Identificat			
		ress change Please use Master, Wardens & Members in Massachuset	ŀ	04-	103287.	2		
	\vdash	or print Columbian Todge A E C A M	ŀ	E Telephone number				
	\vdash	I See 1186 Tremont Street #802			-283-5	579		
	\vdash	Instruct Boston, MA 02111-1014	ŀ		200 0	313		
	\vdash	mination tions.		C -		E02 (າດວ	
	\vdash	ended return		G Gross	rn for affiliate:	592,0		
	App	industry posturing	n(a) is uns a n(b) Are all a			Yes Yes	X No	
		Same AS C Above			(see instruct		L NO	
ŀ		exempt status X 501(c) (10) ◄ (insert no) 4947(a)(1) or 527				0007		
<u>J</u>			H(c) Group e			0237		
K		of organization Corporation Trust Association Other ► L Year of Formation	on	M	State of legal	domicile		
Pa	rt I `	Summary						
	1 E	Briefly describe the organization's mission or most significant activities $_{ t Fraternal}$	<u>.1sm</u>					
Ge	_							
Activities & Governance	_							
Veri		Check this box ► If the organization discontinued its operations or disposed of more						
Ĝ		Check this box ► ☐ if the organization discontinued its operations or disposed of moi Number of voting members of the governing body (Part VI, line 1a)	e man za) 70 OI IIS	3		8	
مع		Number of independent voting members of the governing body (Part VI, line 1b)			4			
ţį		Fotal number of employees (Part V, line 2a)			5	•	(
₹		Total number of volunteers (estimate if necessary)			6		(
Ă	7a T	Total gross unrelated business revenue from Part VIII, column (C), line 12			7 a		0	
	b١	Net unrelated business taxable income from Form 990-T, line 34	,		7 b		0.	
		RECEIVED	Pı	ior Year	·	Current Yea	ar	
4h	8 (Contributions and grants (Part VIII, line 1h)		14,	683.		340.	
Revenue		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 76) EC 1 6 2010 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		35,			327	
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 76) EC 1 6 2010		-54,2			916.	
Œ		Stile revenue (art viii, column (y, iii) as a, aa, aa, aa, aa		-176,			341.	
	12 T	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A); Ime_12)		-180,		143,		
	13 (Grants and similar amounts paid (Part IX, column (A), lines (3)		13,			<u>479.</u>	
		Benefits paid to or for members (Part IX, column (A), line 4)			543.		096.	
ø	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,	145.	5,	910.	
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)				<u></u> -		
Бe	Ь⊺	Total fundraising expenses (Part IX, column (D), line 25) ▶						
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		82,	884.	89.	521	
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		104,		109,		
		Revenue less expenses Subtract line 18 from line 12		-284,			918.	
	13 1	Actinic less expenses oublider line to non-line 12	1			End of Yea		
Assots or	۰, ۱	Tatal assets (Dark V. line 16)		ning of ` , 601, :		1,636,		
Balk		Total assets (Part X, line 16) Total liabilities (Part X, line 26)		, 001,	0.	1,030,	0.	
Nat Lind	1		-	601		1 626		
		Net assets or fund balances Subtract line 21 from line 20 Signature Block	1	,601,	343.	1,636,	203	
Г	ırt II	<u> </u>						
		Under penalties of perion declare that I have examined this return, including accompanying schedules and state true, correct, and complete Deglaration of preparer (other than officer) is based on all information of which preparer	ements, and rer has any k	to the best inowledge	of my knowle	dge and belief, it	IS	
c:		► VI Mark latt	لــــــــــــــــــــــــــــــــــــــ	111-	-26-	2 040		
Sig He		Signature of officer	Dat	e e		2010		
		Charles Austin	Treas	uror				
		Type or print name and title	TICAS	ulci				
Pa	id			14	· X	nstructions)		
Preparer's signature Preparer's Signature Paul F Miller Paul F. Miller CPA Firm's name (or yours if self-yours								
	rer's	Doub Millor CDA			N/A	<u> </u>		
Ùs	e	f = 1f		N ► 1	N/A			
Or	ıly	employed), > 1/3 Inatcher Road	Ell		(781)	899-3480	<u> </u>	
		ZIP+4 ROCKDOIC, MA U1966	Į PI	one no			No	
may the two diseases this retent with the property								
BA	A For	Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		TEEA0113	SL 12/29/09	Form 990	(2009	

		10328	. Z		Page 2
	rt III Statement of Program Service Accomplishments				
1	,				
	Fraternalism				
2	Did the organization undertake any significant program services during the year which were not listed on the price	r			
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O			ت	
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X	No
3			163	M	140
	If 'Yes,' describe these changes on Schedule O		-1 T	`^1/-\	(2)
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expand 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocated	ions to ot	hers. t	he tot	al
	expenses, and revenue, if any, for each program service reported				
4 a	a (Code) (Expenses \$) (Revenue				<u> </u>
	The organization meets once a month for regular fraternal and initiati	on pur	pose	<u>s. </u>	
	There is normally a business meeting and dinner served highlighted by	<u>an ed</u> u	<u>cat</u> i	ona]	
	speaker and discussion.				
			-		
41	b (Code (Expenses \$ Including grants of \$) (Revenue	\$)
		`,			
4	c (Code) (Expenses \$) (Revenue	s s			``
	/ (Code	· •			— <i>'</i>
			- - -		
4	d Other program services (Describe in Schedule O)				
• '	(Expenses \$ including grants of \$) (Revenue \$)	
4	e Total program service expenses ►				
	- 10.00 p. 1			-	

orr	n 990 (2009) Master, Wardens & Members in Massachuset 04-103287	2	P	age 3
Pa	rt 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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
	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	_	Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V	10		Х
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	Х	
	 Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 			
	 Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII 			
	 Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 			
	 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 			
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X 			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
12	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No			
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17_		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	_	х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х

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

19 20 X X

			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? <i>If 'Yes,' complete Schedule J</i>	23		X
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		_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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25 a		
ŀ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38		X
D A A		Form	990	เวกกลา

Page 5

ai	t V Statements Regarding Other IRS Fillings and Tax Compliance			
			Yes	No
1 a	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable			
ŀ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
(c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X
28	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
21	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			_
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
ŀ	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3b		
4 8	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
ŀ	o 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			
5 8	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ŧ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		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?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
á	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?	7a		х
1	of 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
(c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Χ
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9a		
ı	b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
į	a Initiation fees and capital contributions included on Part VIII, line 12			
ı	b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	a Gross income from other 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.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	L	l
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

Form **990** (2009)

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.

Sec	ction A. Governing Body and Management					
-				Yes	No	
1 a	a Enter the number of voting members of the governing body	8				
b	b Enter the number of voting members that are independent 1b					
2	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?					
3	Did the organization delegate control over management duties customarily performed by or under the of officers, directors or trustees, or key employees to a management company or other person?	direct supervision	3		Х	
4	Did the organization make any significant changes to its organizational documents		4		X	
	since the prior Form 990 was filed?					
5	Did the organization become aware during the year of a material diversion of the organization's assets	ر;۶	5		X	
6	Does the organization have members or stockholders?		6		X	
7 a	a Does the organization have members, stockholders, or other persons who may elect one or more mem governing body? See Schedule O	nbers of the	7 a	Х		
t	b Are any decisions of the governing body subject to approval by members, stockholders, or other perso	ons?See Sch Ω[7b	Χ		
8	Did the organization contemporaneously document the meetings held or written actions undertaken du the following:	iring the year by				
а	a The governing body?		8a	Х		
b	b Each committee with authority to act on behalf of the governing body?		8b	Х		
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reorganization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	eached at the	9		Х	
Sec	ction B. Policies (This Section B requests information about policies not required	by the Internal				
Reve	enue Code)					
		_		Yes	No	
10 a	a Does the organization have local chapters, branches, or affiliates?		10a		Х	
t	b If 'Yes,' does the organization have written policies and procedures governing the activities of such charand branches to ensure their operations are consistent with those of the organization?	apters, affiliates,	10 b			
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?						
11 /	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990 See	Schedule 0				
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13					_X	
t	b Are officers, directors or trustees, and key employees required to disclose annually interests that could to conflicts?	d give rise	12b			
C	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Y Schedule O how this is done		12c			
	Does the organization have a written whistleblower policy?	<u> </u>	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 persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by independent				
a	a The organization's CEO, Executive Director, or top management official	L	15a		X	
ŀ	b Other officers of key employees of the organization	_	15 b		X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)					
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangementity during the year?	nent with a taxable	16a		x	
ŀ	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluatin joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organistatus with respect to such arrangements?	ate its participation nization's exempt	16b			
Sec	ction C. Disclosures					
17						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T inspection. Indicate how you make these available. Check all that apply. Own website	(501(c)(3)s only) ava	ailabli	e for	public	
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, cor statements available to the public	nflict of interest polic	cy, an	nd fina	ancıal	
	The state of the s		nızatı – – –	on 		

BAA

Form 990 (2009)

09) Master, Wardens & Members in Massachuset 04-1032 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did not compensate any current officer, director, or trustee										
(A)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	Institutional trustee		Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
George A. Harris Trustee	1	Х						0.	0.	0.
Michael Cheteyan II Trustee	1	X						0.	0.	0.
Nicky J. Ingaciola										
Trustee Daniel R. Madore	1	Х			-		<u> </u>	0.	0.	0.
Junior Warden Jacques Lucchese	1			Х				0.	0.	0.
Master	2			Χ				0.	0.	0.
Charles Austin Treasurer	2			Х				2,100.	0.	0.
Ronald_TDoucette Senior Warden	2			Х				0.	0.	0.
James J. Howard III Secretary	4			Х				2,100.	0.	0.
Decretary				*				2,100.	<u> </u>	····

TEEA0107L 11/10/09

an line 1a? If Yes, 'complete Schedule J for such 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 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.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)

Name and business address

(B)

Description of Services

Compensation

CC)

Compensation

Form 990 (2009)

ı aı	TVIII Statement of Nevenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<u>"</u>	1a Federated campaigns 1a		TOVERIGE		0.2,0.0,0.0,1
ANTS	b Membership dues 1b				
S S	c Fundraising events.				i
R A	d Related organizations 1d				
اٍ ق	e Government grants (contributions)				
SS	· · ·				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 3, 340.				
S SI	g Noncash contribns included in lns 1a-1f. \$	2 240			
	h Total. Add lines 1a-1f Business Code	3,340.			<u> </u>
N.		30,327.	30,327.	ă.	
Ĕ		30,321.	30,327.		
8	b	<u> </u>			
Ž	<u></u>				
A SE	<u></u>				
F.	6 All other areas are served as a served a				
PROGRAM SERVICE REVENUE	f All other program service revenue	30,327.			
_	g Total. Add lines 2a-2i	30,327.			
i	3 Investment income (including dividends, interest and other similar amounts)	40,101.	1		40,101.
	4 Income from investment of tax-exempt bond proceeds	10/101.			
	5 Royalties				
	(i) Real (ii) Personal		-		
	6a Gross Rents				
1	b Less rental expenses				
	c Rental income or (loss)				
l	d Net rental income or (loss)				
	(v) Securities (v) Other		,		
	7a Gross amount from sales of assets other than inventory 507, 984.				
	b Less: cost or other basis and sales expenses 448, 169.				
	c Gain or (loss) 59,815.				1
	d Net gain or (loss)	59,815.	57,998.		1,817.
	8a Gross income from fundraising events	55,015.	37,330.		1,017.
N	(not including \$				
E	of contributions reported on line 1c)				
8	See Part IV, line 18				
OTHER REVEN	b Less: direct expenses b				1
١	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				
			e e e		1
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code				
	11a Unrealized loss on securi	10,341.			10,341.
		10,041.	. –		1 10,511.
	b		· · · · · · · · · · · · · · · · · · ·		
	d All other revenue				
	e Total. Add lines 11a-11d	10,341.			
	12 Total revenue. See instructions	143,924.	88,325.	0.	52,259.
	16 I DIGIT LEVELING COC HISH COUNTS			<u>, , , , , , , , , , , , , , , , , , , </u>	,200.

Page 10

Part IX - Statement of Functional Expenses

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

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

	ot include amounts reported on lines b, 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	12,479.			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	1,096.			
5	Compensation of current officers, directors, trustees, and key employees	4,200.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	1,710.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits		, <u>, , , , , , , , , , , , , , , , , , </u>		
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	2,800.			
	Lobbying				
	Prof fundraising svcs See Part IV, In 17	0 072	· · · · · · · · · · · · · · · · · · ·		
	Investment management fees	8,273.			
_	Other	251.			
	Advertising and promotion	1 540			
	Office expenses	1,549. 1,258.			
	Information technology	1,230.			
	Royalties	12,761.			
	Occupancy Travel	12,701.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	44,943.			
20	Interest		·		
21	Payments to affiliates	6,294.		 	
	Depreciation, depletion, and amortization	433.			
	Insurance	1,157.			
	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).	The second secon			
	Fraternal Regalia	5,836.			
	Printing and Publications	3,842.			
C	Postage and Shipping	124.			ļ
C					
6					
	All other expenses	100 000		 	 - -
	Total functional expenses Add lines 1 through 24f	109,006.		 	
26	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				Form 990 (2009)

			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	35,307.	1	22,030.
	2	Savings and temporary cash investments	96,849.	2	375,137.
	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	
A S S E T	7	Notes and loans receivable, net		7	
E	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis 10a 2,164.			
		Complete Part VI of Schedule D			
	b	Less accumulated depreciation. 10b 1,082.	1,515.	10 c	1,082
	11	Investments — publicly-traded securities	1,393,589.	11	1,155,318.
	12	Investments – other securities See Part IV, line 11	74,085.	12	82,695.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	1
	16	Total assets Add lines 1 through 15 (must equal line 34)	1,601,345.	16	1,636,263
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	-
	19	Deferred revenue		19	<u> </u>
Ļ	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
L L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			_
Ţ		of Schedule L		22	
S	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		25	
	26	Total liabilities. Add lines 17 through 25.	0.	26	0.
N E T	ŀ	Organizations that follow SFAS 117, check here X and complete lines			
		27 through 29 and lines 33 and 34.		-	
Ş	27	Unrestricted net assets	1,356,276.		1,384,047
ŠETS	28	Temporarily restricted net assets		28	050 016
	29	Permanently restricted net assets	245,069.	29	252,216
O R		Organizations that do not follow SFAS 117, check here ▶ □ and complete			
FUZD		lines 30 through 34.			-
D	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Ă	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALANCES	33	Total net assets or fund balances	1,601,345.	33	1,636,263.
Š	34	Total liabilities and net assets/fund balances	1,601,345.	34	1,636,263.

BAA

Form 990 (2009)

orm 990 (2009) Master, Wardens & Members in Massachuset	04-1032872	Pί	age 12
Part XI® Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b Were the organization's financial statements audited by an independent accountant?	2 b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigneous, or compilation of its financial statements and selection of an independent accountant?	ght of the audit, 2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	n		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year we consolidated basis, separate basis, or both	ere issued on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth Audit Act and OMB Circular A-133?	in the Single		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

BAA

Form 990 (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Open to Public Inspection

Master, Wardens & Members in Mas Columbian Lodge A.F. & A.M.	04-1032872								
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.									
 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 	(a) Donor advised funds	(b) Funds and other accounts							
 5 Did the organization inform all donors and dor funds are the organization's property, subject 6 Did the organization inform all grantees, dono 	to the organization's exclusive legal control?	Yes No							
used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit of the donor or donor advisor or for a	ny other Yes No							
Part II Conservation Easements Comple	ete if the organization answered 'Yes' to	Form 990, Part IV, line 7.							
 Purpose(s) of conservation easements held by Preservation of land for public use (e g , r Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organizations day of the tax year. 	ecreation or pleasure) Preservation of Preservation of	an historically important land area certified historic structure he form of a conservation easement on the							
a Total number of conservation easements		Held at the End of the Year							
b Total acreage restricted by conservation ease	ments	2 b							
•		2c							
c Number of conservation easements on a certi	` ,								
d Number of conservation easements included i	• • •	2d							
3 Number of conservation easements modified,	transferred, released, extinguished, or terminate	d by the organization during the tax							
year ▶									
4 Number of states where property subject to co									
and enforcement of the conservation easemen		∐ Yes ∐ No							
	ng, inspecting, and enforcing conservation easer	nents							
during the year ► 7 Amount of expenses incurred in monitoring, in during the year ►	nspecting, and enforcing conservation easement	\$							
170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of sec	Yes No							
9 In Part XIV, describe how the organization reports include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and expens to the organization's financial statements that de	e statement, and balance sheet, and scribes the organization's accounting for							
Part III Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line 8	Other Similar Assets							
1a If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statement	lic exhibition, education, or research in furtherar	nt and balance sheet works of art, historical ce of public service, provide, in Part XIV,							
treasures, or other similar assets held for pub amounts relating to these items	r SFAS 116, to report in its revenue statement a lic exhibition, education, or research in furtherar	ce of public service, provide the following							
(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 a amounts required to be reported under SFAS	rt, historical treasures, or other similar assets fo 116 relating to these items	r financial gain, provide the following							
a Revenues included in Form 990, Part VIII, line	e 1	► \$_							
b Assets included in Form 990, Part X		►\$ ►\$							
<u> </u>									

Schedule D (Form 990) 2009 Maste				04-103	
Part III Organizations Mainta	ining Collect	ions of Art, Histo	orical Treasures, o	r Other Similar Ass	ets (continued)
3 Using the organization's acquisition items (check all that apply)	on accession ar	nd other records, chec	ck any of the following	that are a significant us	e of its collection
a Public exhibition	d Loan or exchange programs				
b Scholarly research		e Other			
c Preservation for future gener	rations				
4 Provide a description of the orga Part XIV.		•			se in
5 During the year, did the organiza assets to be sold to raise funds r	ather than to be	maintained as part of	of the organization's co	llection?	Yes No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangement unt on Form	nts Complete if o 990, Part X, line	rganization answei 21.	red 'Yes' to Form 99	90, Part IV, line
1a Is the organization an agent, trus included on Form 990, Part X?	stee, custodian,	or other intermediary	for contributions or oth	ner assets not	Yes No
b If 'Yes,' explain the arrangement	in Part XIV and	complete the follows	ng table		Amount
c Beginning balance				1c	
d Additions during the year				1 d	
e Distributions during the year				1e	
f Ending balance				1f	···
2a Did the organization include an a	amount on Form	990 Part X line 217	•		Yes No
b If 'Yes,' explain the arrangement		330, 1 alt 7, mic 21		ļ	
Part V Endowment Funds Co		anization answer	ed 'Yes' to Form 90	0 Part IV line 10	***
Ture V Endowment I amas do	(a) Current yea				(e) Four years back
1 a Beginning of year balance	(a) current yea	(b) i iioi yeui	(o) The Jeane Bae	(a) Three years basis	(0) 1001 30010 2001
b Contributions		- 			
		-			
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
 Other expenditures for facilities and programs 					
f Administrative expenses					
g End of year balance					
Provide the estimated percentag		d balance held as			
a Board designated or quasi-endov	wment ►	 %			
b Permanent endowment ►	%				
c Term endowment	<u> </u>				
3a Are there endowment funds not organization by	ın the possessio	n of the organization	that are held and adm	inistered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(II), are the related	organizations lis	ted as required on So	chedule R?		3b
4 Describe in Part XIV the intende	-				
Part VI Investments-Land, B				, line 10.	
Description of investmen		Cost or other basis (investment)		(c) Accumulated Depreciation	(d) Book Value
1a Land					
b Buildings					
c Leasehold improvements					
d Equipment	<u> </u>		2,164.	1,082.	1,082.
e Other					
Total. Add lines 1a through 1e (Colum	nn (d) must eaua	al Form 990, Part X, o	column (B), line 10(c)).	•	1,082.
BAA					lule D (Form 990) 2009

TEEA3302L 02/02/10

Part VII	Investments—Other Securities See	Form 990, Part X, Iır	ne 12	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation f-year market value
Financial c				
	ld equity interests	•		
Other <u>15</u>	00shrs Chubb Corp	82,695.	End of Year Market	t_Value
		. —		
		-		
		· - 	<u> </u>	
		-		
		-		
Total. (Colui	mn (b) must equal Form 990 Part X, col (B) line 12.)	82,695.		
	Investments-Program Related (See		ine 13) N/A	
	(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
			Cost or end-of	f-year market value
			·····	
	nn (b) must equal Form 990, Part X, Col (B) line 13)			
Part IX	Other Assets (See Form 990, Part >			
	(a)	Description		(b) Book value
_				
		 , ,- _ , ,		
Total. (Co	olumn (b) must equal Form 990, Part X, col (B)), line 15)		<u> </u>
Part X	Other Liabilities (See Form 990, Pa	rt X, line 25)		
	(a) Description of Liability	(b) Amount		
Federal In	come Taxes			
	-			
				
				
	· · · · · · · · · · · · · · · · · · ·			
			 	
		-		
Total (Colum	mn (b) must equal Form 990, Part X, col (B) line 25)			
2 FIN 48	Footpote In Part XIV provide the text of the fo	ootnote to the organizatio	n's financial statements that	reports the organization's liability
for uncerta	ain tax positions under FIN 48			

Schedule D (Form 990) 2009 Master, Wardens & Members in Massachuset

04-1032872

Page 3

Sche	dùle D (Form 990) 2009 Master, Wardens & Members in Massachuset	04-103	32872	Page 4
Par	t XI > Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year. Subtract line 2 from line 1		_	
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 t-XII	Peturn	N/A	
	Total revenue, gains, and other support per audited financial statements	1		
	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	Donated services and use of facilities 2b			
	Recoveries of prior year grants 2c			
	Other (Describe in Part XIV)	-		
	Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investments expenses not included on Form 990, Part VIII, line 7b			
Ŀ	Other (Describe in Part XIV)			
C	Add lines 4a and 4b	4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per Retu</u>	rn N/A	
1	Total expenses and losses per audited financial statements	1_1_		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities 2a			
t	Prior year adjustments 2b			
•	Other losses2c			
c	Other (Describe in Part XIV)			
•	Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3	_	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)			
	Add lines 4a and 4b	4c		
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		
	t*XIV® Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete thimation.	t IV, lines s part to p	1b and 2b, F provide any a	art V, dditional
		- -		
			· 	
		- -	. -	
			-	
		_	. 	
			_ _	

Schedule D (Form 990) 2009 Master, wardens & Members in Massachuset	04-1032672	raye 3
Part XIV Supplemental Information (continued)		
		
		-
		 _
		

SCHEDULE 1 (Form 990)

Master, Wardens & Members in Massachuset

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

2009

OMB No 1545-0047

Open to Public Inspection

Employer identification number

04-1032872

× X No (h) Purpose of grant or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form Yes 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 (g) Description of non-cash assistance 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? (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable 2 Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance (B) EIN 3 Enter total number of other organizations +!!!!!!!!!!!! | | | | 1 (a) Name and address of organization 1 1 or government ı ١ 1 1 1 | | Part II Part

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

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

Page 2 Schedule I (Form 990) 2009 **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Part IV: | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 04-1032872 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Master, Wardens & Members in Massachuset (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 Part III BAA

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization Master, Wardens & Members in Massachuset Columbian Lodge A.F. & A.M.	Employer identification number 04-1032872
Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Bo	
Certain Officers and Trustees are elected to the positions by	
meeting.	
Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or	Shareholders
Through acceptance of monthly and annual reports read at meeti	ngs and approved by
the members. Example Treaurer's report, Trustee's report, Secr	etary's report
Form 990, Part VI, Line 11 - Form 990 Review Process	
Treasurer reviews 990 prior to filing.	 -
	-
	-
	
	-

Name of the organization	Master, Wardens Columbian Lodge	& Members in Massachuset A.F. & A.M.	Employer identification number 04-1032872	
				
				
				
			-	
				