



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

2009A For the 2009 calendar year, or tax year beginning **DEC 1, 2009** and ending **NOV 30, 2010**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization CATARACT LODGE NO. 2 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 5149 BLOOMINGTON AVENUE SOUTH City or town, state or country, and ZIP + 4 MINNEAPOLIS, MN 55417-1849	D Employer identification number 41-0181979
		E Telephone number 612-728-5855
		F Group Exemption Number ▶ 0483

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ **N/A**

J Tax-exempt status (check only one) — ☒ 501(c) (**10**) (insert no.) ☐ 4947(a)(1) or ☐ 527 required to attach Schedule B (Form 990, 990-EZ, or 990-TF).

K Check ☐ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ... ▶ \$ **49,662.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)		
Revenue	1 Contributions, gifts, grants, and similar amounts received	1 7,500.
	2 Program service revenue including government fees and contracts	2 535.
	3 Membership dues and assessments	3 22,150.
	4 Investment income	4 19,477.
	5a Gross amount from sale of assets other than inventory	5a
	b Less: cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐	
	a Gross revenue (not including \$ of contributions reported on line 1)	6a
	b Less: direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ▶)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 49,662.	
Expenses	10 Grants and similar amounts paid (attach schedule)	10 84,851.
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 12,900.
	13 Professional fees and other payments to independent contractors	13 475.
	14 Occupancy, rent, utilities, and maintenance	14 10,500.
	15 Printing, publications, postage, and shipping	15 5,470.
	16 Other expenses (describe ▶)	16 25,248.
	17 Total expenses. Add lines 10 through 16	17 139,444.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -89,782.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 1,118,731.
	20 Other changes in net assets or fund balances (attach explanation)	20 46,299.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 1,075,248.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	1,113,131.	22 1,070,373.
23 Land and buildings		23
24 Other assets (describe ▶ CEMETARY LOTS)	5,600.	24 5,600.
25 Total assets	1,118,731.	25 1,075,973.
26 Total liabilities (describe ▶ ACCOUNTS PAYABLE)	0.	26 725.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,118,731.	27 1,075,248.

78

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

What is the organization's primary exempt purpose? **FRATERNAL MASONIC LODGE**

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

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4847(a)(1) trusts, optional for others)

28 SCHOLARSHIP AND GIVING PROGRAM.

(Grants \$) If this amount includes foreign grants, check here .

28a

29

(Grants \$ _____) If this amount includes foreign grants, check here ☐

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (attach schedule)

(Grants \$ _____) If this amount includes foreign grants, check here

31a

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

32

Part IV. List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911	N/A	
section 4912	N/A	
section 4955	N/A	
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		N/A
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed.	MN	
42a The organization's books are in care of	DOUG CAMPBELL	
Located at	5149 BLOOMINGTON AVE S, MINNEAPOLIS, MN	
Telephone no.	952-948-6700	
ZIP + 4	55417-1849	
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	X
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2009)

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

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

N/A

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer	Date
	DOUGLAS J. CAMPBELL SECRETARY	4/15/2011

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's identifying number (See Instr.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 MAHONEY, ULBRICH, CHRISTIANSEN & RUSS P.A. 30 EAST PLATO BOULEVARD SAINT PAUL, MN 55107-1809	01/06/11	☐	EIN (651) 227-6695

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Form 990-EZ (2009)

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
BUILDING INSURANCE		1,204.	
TELEPHONE		1,348.	
MISCELLANEOUS		82.	
SOCIAL EVENTS		3,001.	
APRONS & JEWELRY		404.	
MEETINGS		4,096.	
OFFICE SUPPLIES		617.	
BANK CHARGES		316.	
DUES TO AFFILIATED ORGANIZATIONS - GRAND LODGE OF A.F. & A.M. OF MINNESOTA		14,180.	
TOTAL TO FORM 990-EZ, LINE 16		25,248.	

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		AMOUNT	
CHANGES IN MARKET VALUE OF INVESTMENTS		46,299.	
TOTAL TO FORM 990-EZ, LINE 20		46,299.	

FORM 990-EZ	CASH GRANTS AND ALLOCATIONS	STATEMENT 3
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
SCHOLARSHIP	NONE	3,500.
SCHOLARSHIP	NONE	5,000.
SCHOLARSHIP	NONE	5,000.
SCHOLARSHIP	NONE	5,000.
SCHOLARSHIP	NONE	5,000.
SCHOLARSHIP	NONE	5,000.
GYM EQUIPMENT BANCROFT SCHOOL 1315 EAST 38TH STREET MINNEAPOLIS, MN 55407	NONE	5,000.
DONATION CLARA BARTON OPEN SCHOOL 4237 COLFAX AVENUE SOUTH MINNEAPOLIS, MN 55409	NONE	1,000.
DONATION FAMILY AND CHILDREN'S SERVICES 4123 EAST LAKE STREET MINNEAPOLIS, MN 55406	NONE	2,500.

<u>.CATARACT LODGE NO. 2</u>		<u>41-0181979</u>
DONATION GRAND GUARDIAN COUNCIL OF MINNESOTA 5920 YORK AVENUE SOUTH EDINA, MN 55435	NONE	300.
DONATION HIAWATHA CHAPTER ORDER OF DEMOLAY 5149 BLOOMINGTON AVENUE SOUTH MINNEAPOLIS, MN 55417	NONE	267.
DONATION JOB'S DAUGHTERS BETHEL #40 5920 YORK AVENUE SOUTH EDINA, MN 55435	NONE	267.
DONATION MINNESOTA DEMOLAY PO BOX 54 ROSEMOUNT, MN 55068	NONE	200.
DONATION MINNESOTA MASONIC CHARITIES, INC. 11501 MASONIC HOME DRIVE BLOOMINGTON, MN 55437	NONE	5,100.
DONATION OUR SAVIOR'S OUTREACH MINISTRIES 2315 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 55404	NONE	2,000.
DONATION RED CROSS 1608 W FOUNTAIN STREET ALBERT LEA, MN 56007	NONE	200.
DONATION SCOTTISH RITE LANGUAGE DISORDERS CLINICS 2011 DUPONT AVENUE SOUTH MINNEAPOLIS, MN 55404	NONE	5,000.
FOOD SHELF DONATION SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE SAINT PAUL, MN 55109	NONE	2,500.
HOMELESS ST. STEPHENS RESIDENTIAL SHELTER 2211 CLINTON AVENUE SOUTH MINNEAPOLIS, MN 55404	NONE	2,000.

CATARACT LODGE NO. 2		41-0181979
DONATION	NONE	250.
DONATION TOYS FOR TOTS 2360 PILOT KNOB ROAD MENDOTA HEIGHTS, MN 55150	NONE	2,000.
DONATION	NONE	92.
DONATION TEMPLAR LODGE NO. 176 6509 WALKER STREET ST. LOUIS PARK, MN 55426	NONE	500.
DONATION WOUNDED WARRIOR PROJECT 7020 AC SKINNER PKWY, STE 100 JACKSONVILLE, FL 32256	NONE	2,000.
DONATION MINNEHAHA LODGE #165 5149 BLOOMINGTON AVENUE SOUTH MINNEAPOLIS, MN 55417	NONE	22,500.
DONATION MINNEAPOLIS PARK AND RECREATION DEPARTMENT 2117 WEST RIVER ROAD MINNEAPOLIS, MN 55411	NONE	575.
DONATION CRYPTIC MASONS MEDICAL RESEARCH FOUNDATION P.O. BOX 1489 NASHVILLE, IN 47448-1489	NONE	100.
DONATION RONALD MCDONALD HOUSE 621 OAK ST. SE MINNEAPOLIS, MN 55414	NONE	2,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		84,851.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO