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Form **990-EZ**

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 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*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning June 1, , 2010, and ending May 31 , 20 11

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Grand Commandery Knights Templar of Montana

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 824

City or town, state or country, and ZIP + 4
Conrad, MT 59425-0824

D Employer identification number
81 0141225

E Telephone number
406 271 2237

F Group Exemption Number ►

G Accounting Method ☐ Cash ☐ Accrual Other (specify) ► Modified cash

H Check ► ☑ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ►

J **Tax-exempt status** (check only one) — ☐ 501(c)(3) ☑ 501(c) (10) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	517.50
	3	Membership dues and assessments		3	11,410 67
	4	Investment income		4	25,000 00
	5a	Gross amount from sale of assets other than inventory	5a 6,504.88		
	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	6504.88
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	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 in Schedule O)		8	112 44
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►		9	43,545 49
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	1,619..83
	11	Benefits paid to or for members		11	14,693.34
	12	Salaries, other compensation, and employee benefits		12	17,017.35
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	5,802.79
	15	Printing, publications, postage, and shipping		15	596 81
	16	Other expenses (describe in Schedule O)		16	1,620.55
	17	**Total expenses.** Add lines 10 through 16 ►		17	41,350 67
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	2,194.82
	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	405,623 28
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	4,964.43
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►		21	412,782.53

Part II **Balance Sheets.** (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	16,378.64	22	18,599.46
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	392,118.53	24	397,082.96
25	**Total assets**	408,497.17	25	415,682 42
26	**Total liabilities** (describe in Schedule O)	2,873.89	26	2899.89
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	405,623.28	27	412,782.53

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

What is the organization's primary exempt purpose? **Charitable and Fraternal activities**

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 4947(a)(1) trusts, optional for others.)

28	**Awards for members and public** (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	28a	2,119.83
29	**Paid Life Membership returns** (Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	29a	6241.15
30	**Publications, National Dues, Annual Sessions** (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	1,076.09
31	Other program services (describe in Schedule O) (Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) . . . . . ▶	32	9,437.07

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Jim E. Trowbridge 384 Eagle Lane, Corvallis, MT 59828	Grand Commander	-0-	-0-	-0-
John M Metcalf 905 26th Ave S.W. Great Falls, MT 59404	Grand Treasurer	-0-	-0-	-0-
Brad Huffman P.O. Box 824	Grand Secretary 24 hr/wk	15,517.35	-0-	-0-

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)
Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		✓
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		
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 tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
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 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
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		

41 List the states with which a copy of this return is filed. ▶

42a The organization's books are in care of ▶ **Bradford L. Huffman** Telephone no. ▶ **406 271 2237**
Located at ▶ **514 South Front St, Conrad, MT** ZIP + 4 ▶ **59425**

			Yes	No
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		✓
	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		✓
	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

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		✓
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI **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 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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

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 "

(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 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☑ No

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

Sign Here

▶ Signature of officer 9-28-11 Date

▶ **Bradford L Huffman, Grand Secretary/Recorder**
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Grand Commandery Knights Templar of Montana

Employer identification number
81 0141225

Part 1, Line 2 Sale of Paid Life Memberships to members

Part 4, Jim Trowbridge refused travel expense

09/28/11

Montana Grand Commandery, Knights Templar
Balance Sheet
As of May 31, 2011

	May 31, '11
ASSETS	
Current Assets	
Checking/Savings	
KT Checking	18,599 46
Total Checking/Savings	18,599 46
Total Current Assets	18,599 46
Fixed Assets	
KT Property & Equipment	19,070 00
Total Fixed Assets	19,070 00
Other Assets	
KT Education Loan Fund	154,549 57
KT Loans receivable	108,008 00
Paid Life Membership KT	115,455 39
Total Other Assets	378,012 96
TOTAL ASSETS	**415,682.42**
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Due Charites KTEF	-41 41
Due Holy Land Trip Fund	1,183 30
Due other Funds KT	658 00
Triennual Fund KT	1,100 00
Total Other Current Liabilities	2,899 89
Total Current Liabilities	2,899 89
Total Liabilities	2,899 89
Equity	
Opening Bal Equity	428,455 43
Retained Earnings	-30,376 59
Net Income	14,703 69
Total Equity	412,782 53
TOTAL LIABILITIES & EQUITY	**415,682 42**

Name of the organization
Grand Commandery Knights Templar of Montana

Employer identification number
81 0141225

09/28/11

Montana Grand Commandery, Knights Templar
Budget vs. Actual
June 2010 through May 2011

	Jun '10 - May '11	Budget	$ Over Budget	% of Budget
Ordinary Income/Expense				
Income				
Due PLM Fund	517 50			
Grand Commandery, Inc	25,000 00	25,000 00	0 00	100 0%
Misc Income	112 44			
Per Capita due & Payable	3,681 07	4,215 00	-533 93	87 3%
Per Capita Dues	7,729 60	9,452 00	-1,722 40	81 8%
Transfer from UBS PLM account	6,504 88			
Total Income	43,545 49	38,667 00	4 878 49	112 6%
Expense				
Apron & Jewel	492 19	500 00	-7 81	98 4%
Grand Officer Travel	0 00	1,500 00	-1,500 00	0 0%
Holy Land Expense	1,619 83	1,500 00	119 83	108 0%
KT Magazine	500 00	250 00	250 00	200 0%
Miscellanious Expense	520 00	150 00	370 00	346 7%
Office Expense	22,700 00	23,000 00	-300 00	98 7%
Per Capita Expense	7,960 00	8,550 00	-590 00	93 1%
PLM Payments	6,241 15			
PLM Transfer to UBS PLM account	517 50			
Uncategorized Expenses	300 00	300 00	0 00	100 0%
Youth Group Donation	500 00	500.00	0 00	100 0%
Total Expense	41,350 67	36 250 00	5,100 67	114 1%
Net Ordinary Income	2,194 82	2,417 00	-222 18	90 8%
Other Income/Expense				
Other Income				
PLM Investment Gain/Loss	12,508 87			
Total Other Income	12,508 87			
Net Other Income	12,508 87	0 00	12,508 87	100 0%
Net Income	**14,703.69**	**2,417.00**	**12,286.69**	**608.3%**

Name of the organization	Employer identification number
Grand Commandery Knights Templar of Montana	81 0141225

09/28/11

Montana Grand Commandery, Knights Templar
Profit and Loss
June 2010 through May 2011

	Jun '10 - May '11
Ordinary Income/Expense	
Income	
Due PLM Fund	517 50
Grand Commandery, Inc	25,000 00
Misc Income	112 44
Per Capita due & Payable	3 681 07
Per Capita Dues	7,729 60
Transfer from UBS PLM account	6,504 88
Total Income	43,545 49
Expense	
Apron & Jewel	492 19
Holy Land Expense	1,619 83
KT Magazine	500 00
Miscellanious Expense	520 00
Office Expense	22,700 00
Per Capita Expense	7,960 00
PLM Payments	6,241 15
PLM Transfer to UBS PLM account	517 50
Uncategorized Expenses	300 00
Youth Group Donation	500 00
Total Expense	41,350 67
Net Ordinary Income	2,194 82
Other Income/Expense	
Other Income	
PLM Investment Gain/Loss	12,508 87
Total Other Income	12,508 87
Net Other Income	12,508 87
Net Income	**14,703.69**