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A For the 2011 calendar year, or tax year beginning 01-01-2011

As Filed Data -

DLN: 93492272001062

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

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

Short Form

▶ 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

, and ending 12-31-2011

Open to Public Inspection

_						nployer identification number		
Address change Name change		_	LODGE #5 AF & AM		45-0409209			
	ame ch iitial ret		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 624		E Teleph	one n	umber	
_	eminat					(701	1) 223-0299	
_		d return	City or town, state or country, and ZIP + 4		F Group		ption	
L V	plicatio	on pending	BISMARCK, ND 58502		Numbe	er	•	
IW€	ebsite	. ► N/A	Cash F Accidal Other (specify)	required	to attac	ch So	rganization is not chedule B or 990-PF)	
norm	nally n	ot more than	inization is not a section 509(a)(3) supporting organization or a section 527 \$50,000 A Form 990-EZ or Form 990 return is not required though Form 9					
	lines 5	5b, 6c, and 7b, to	organization chooses to file a return, be sure to file a complete return line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Plof Form 990-EZ 119,134	art II, line	25, colun	nn (B)) below) are \$500,000 or	
Pa	rt I		e, Expenses, and Changes in Net Assets or Fund Balances (S e organization used Schedule O to respond to any question in this Part I	ee the ın	structio •	ns fo	or Part I)	
	1	Contribution	s, gıfts, grants, and sımılar amounts received			1	4,889	
	2	Program serv	vice revenue including government fees and contracts			2		
	3	Membership	dues and assessments			3		
	4	Investment	ncome		. [4	7,323	
	5a	Gross amour	nt from sale of assets other than inventory 5a	10	6,922			
<u>a</u>	ь	Less cost o	8,431					
Revenue	С	Gain or (loss		5c	-1,509			
Re	6	Gaming and						
	а	Gross income fr						
	b	Gross incom reported on I \$15,000)						
			<u> </u>					
	c	Less direct	expenses from gaming and fundraising events 6c					
	d	Net income o	or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtrac	ct line 6 c	:)	6d		
	7a	Gross sales	of inventory, less returns and allowances					
	b	Less cost o	fgoods sold					
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		L	7c		
	8	Other revenu	ue (describe in Schedule O)			8		
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	•		9	10,703	
	10	Grants and s	ımılar amounts paid (list in Schedule O)		L	10	5,500	
	11	•	to or for members		L	11		
	12	Salaries, oth	_	12				
Expenses	13	Professional	•	13	636			
	14	Occupancy,	·	14	11,934			
	15	Printing, pub	L	15	49			
	16	Other expens	L	16	2,549			
	17		ses. Add lines 10 through 16	•		17	20,668	
<u>ي</u> ب	18		eficit) for the year (Subtract line 17 from line 9)		·	18	-9,965	
155	19		r fund balances at beginning of year (from line 27, column (A)) (must agree w	ıth				
Net.Assets		•	figure reported on prior year's return)		L	19	463,511	
Z	20		es in net assets or fund balances (explain in Schedule O)		·	20	-3,370	
	21	Net assets o	r fund balances at end of year Combine lines 18 through 20	<u></u> .►		21	450,176	

Check if the organization used	Schedule O to respond to	any question in t	hıs Parl	tII .			
		, .					
(See the instruct	ions for Part II)		(A) E	Beginning	ofyear	<u> </u>	(B) End of year
22 Cash, savings, and investments .					8,669	22	0
23 Land and buildings					278,825	23	270,491
24 Other assets (describe in Schedule O		.			176,017	24	179,685
25 Total assets		[463,511	25	450,176
26 Total liabilities (describe in Schedule (0)				0	26	O
27 Net assets or fund balances (line 27 of	column (B) must agree wit	h line 21) .			463,511	27	450,176
Part III Statement of Program S Check if the organization used	-		hıs Par	tIII .	. IZ		Expenses quired for section 501
What is the organization's primary exempt FOUNDATION OF THE LOCAL ORDER OF PLHILANTHROPIC SERVICES TO THE LOCAL Describe the organization's program service measured by expenses. In a clear and concept benefited, and other relevant information for	MASONS WHO MAKE CO DCAL COMMUNITY e accomplishments for eac cise manner, describe the s	th of its three larg	jest pro	gram se	rvices, as	org 494	(3) and 501(c)(4) anizations and section 47(a)(1) trusts, ional for others)
28 FOUNDATION FOR THE LOCAL ORDE AND CONTRIBUTIONS TO THE COMMUI	R OF MASONS WHICH PE NITY				VICES		
(Grants \$ 0) If this	s amount includes foreign (grants, check her	е.	<u> </u>	<u>- </u>	28a	0
30	s amount includes foreign o	,			<u>• ┌</u> • ┌	29a 30a	
31 Other program services (describe in Sch (Grants \$) If this	nedule O)	 grants, check her	 e		· 广	31a	
32 Total program service expenses (add line	es 28a through 31a) .				. ▶	32	
Part IV List of Officers, Directors, Trus Check if the organization used				-	(See the ins	structior •	ns for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensa (If not paid enter -0)	i, (employe	ntribution e benefit p i compens	lans 8	(e) Expense account and other allowances
See Additional Data Table							

Form	m 990-EZ (2011)			Page
Pa	Other Information (Note the statement requirements in the instructions for Pa	•		
	Check if the organization used Schedule O to respond to any question in this Part V $$.	<u></u>	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," detailed description of each activity in Schedule O	provide a	1	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a confidence of the amended documents if they reflect a change to the organization's name. Otherwise, explain the Schedule O (see instructions)			No
35				
а	a Did the organization have unrelated business gross income of \$1,000 or more during the year from activities (such as those reported on lines 2, 6a, and 7a, among others)?	business 35a	,	No
b	b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanat Schedule O	10n In 35 l	,	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule C, Part I		E .	No
36	the year? If "Yes," complete applicable parts of Schedule N			No
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?	371	י	<u> </u>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employ			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this	return? 38a	1	No
	b If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	a Initiation fees and capital contributions included on line 9			
	By Gloss receipts, included on line 9 , for public use of club facilities 1 . 1 . 1 . 1 . 1 . 1 . 1 . 1 .	er		
104	section 4911			
b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 exce transaction during the year or did it engage in an excess benefit transaction in a prior year that has reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	not been		
c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization mana disqualified persons during the year under sections 4912, 4955, and 4958	gers or		
d	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 sh transaction? If "Yes," complete Form 8886-T		e	No
41	List the states with which a copy of this return is filed			
42a	The organization's books are in care of Market GERALD SKOGLEY PO BOX 624	Telephone no 🕨 🧘	/01)223	-0299
h	Located at BISMARCK, ND b At any time during the calendar year, did the organization have an interest in or a signature or othe		58502	
U	over a financial account in a foreign country (such as a bank account, securities account, or other faccount)?		Yes	No No
	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 Financial Accounts.	ı Bank and		
C	c At any time during the calendar year, did the organization maintain an office outside of the US?	420	c	Νo
	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 he and enter the amount of tax-exempt interest received or accrued during the tax year			▶ Г
			Yes	No
44a	a Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead	d of	163	110
	Form 990-EZ.	44	,	No
b	b Did the organization operate one or more hospital facilities during the year? <i>If 'Yes,' Form 990 must instead of Form990-EZ</i>	be completed 44I	,	No
c	c Did the organization receive any payments for indoor tanning services during the year?	44		No
d	d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? <i>If 'No,' provide in Schedule O</i>			
45a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?			NI -
/Eh	ib Did the organization receive any payment from or engage in any transaction with a controlled entity	45a	'	No
→ 30	meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed inste Form990-EZ (see instructions)		,	

Form 990-I	Z (2011)							Page 4
							Yes	No
	ne organization engage, directly of dates for public office? If "Yes,"			on behalf of or I	n opposition to			
Part VI				nonevemnt (haritable tri	46 usts (nnlv	No
r Gre vz	All section 501(c)(3) organ			-			_	stions
	47-49b and 52.	l Schedule O to respor	nd to any question in t	his Part VI			_	Г
Check if the organization used Schedule O to respond to any question in this Part VI								No
47 Did tl	ne organization engage in lobbyir	ag activities or have a	saction 501(h) alactu	on in effect durin	a tha tay yaar?			
	es," complete Schedule C, Part I		section 501(II) election	on in ellect durin	g the tax year?	47		
48 Is the	Is the organization a school described in section 170 (b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization?							
49a Did tl								
b If "Ye	es," was the related organization	a section 527 organiz	ation?			49b		
50 Com	plete this table for the organization	on's five highest comp	ensated emplovees (o	other than officer	s. directors. trus	stees a	and kev	
	oyees) who each received more t	han \$100,000 of com	pensation from the org	ganızatıon Ifthe	re is none, ente	r "Non	e "	
	and address of each employee					-	nse and	
pa	id more than \$100,000	devoted to position	1	deferred	compensation	othe	erallow	ances
of co	plete this table for the organization of the organization from the organization of ame and address of each indeper	n If there is none, ente	er "None "		each received n		an \$10 Compen	<i>'</i>
	al number of other independent c				. ►			
	l the organization complete Sche st attach a completed Schedule						arıtable Yes	
Under nenal	ties of perjury, I declare that I have	e examined this return, i	ncluding accompanying	schedules and s	tatements, and to	the be	est of my	,
	and belief, it is true, correct, and co							

Sign	Signature of officer	****** 2012-09-27 Signature of officer Date						
Here	GERALD SKOGLEY TREASURER Type or print name and title							
	Preparer's		Date 27	Check if	Preparer's taxpay		ification i	number
Paid	signature PATRICK J BROWN		2012-09-27	self- employed •	(See instructions) P00149579)		
Preparer's	Firm's name (or yours of self-employed), BRADY MARTZ & ASSOCIATES PC EIN 45-0310328					 28		
Use Only	address, and ZIP + 4 PO BOX 1297						1717	
NA 11		ND 585021297			Phone no 🕨 (70			
May the IR	S discuss this return with the pre	eparer shown above? S	ee instructions		🟲	✓	es I	No

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As Filed Data -

DLN: 93492272001062

Employer identification number

145 0400000

SCHEDULE O (Form 990 or 990-EZ)

Name of the organization

MASONIC FOUNDATION OF BISMARCK MASONIC

Department of the Treasury Internal Revenue Service

LODGE #5 AF & AM

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

2011

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		45-0409209				
ldentifier	Return Reference	Explanation				
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	DIVIDENDS 7,323				
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME BISMARCK STATE COLLEGE GRANTEE ADDRESS 1500 EDWARDS AVE BISMARCK, ND 58501 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 08/18/11 AMOUNT GIVEN 1,100				
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME UNIVERSITY OF MARY GRANTEE ADDRESS 7500 UNIVERSITY DR BISMARCK, ND 58504 GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION CASH DATE OF GIFT 08/18/11 AMOUNT GIVEN 1,100				
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION SCHOLARSHIP GRANTEE NAME. UNIVERSITY OF NORTH DAKOTA GRANTEE ADDRESS. TWAMLEY HALL ROOM 216, 264 CENTENNIAL DRIVE STOP 8371 GRAND FORKS, ND 58202. GRANTEE RELATIONSHIP NONE. PROPERTY DESCRIPTION. CASH. DATE OF GIFT. 08/18/11. AMOUNT GIVEN. 3,300. TOTAL INCLUDED ON FORM 990-EZ, LINE 10. 5,500.				
OCCUPANCY, RENT, UTILITIES AND MAINTENENCE	FORM 990-EZ, PART I, LINE 14	DESCRIPTION DEPRECIATION AMOUNT 8,334 DESCRIPTION OTHER EXPENSES AMOUNT 3,600 TOTAL TO FORM 990-EZ, LINE 14 11,934				
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION LICENSE AND FEES AMOUNT 20 DESCRIPTION INVESTMENT EXPENSES AMOUNT 1,989 DESCRIPTION DONATION AMOUNT 540 TOTAL TO FORM 990-EZ, LINE 16 2,549				
OTHER CHANGES IN NET ASSETS	FORM 990-EZ, PART I, LINE 20	DESCRIPTION UNREALIZED LOSS ON INVESTMENTS AMOUNT -3,370				
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION MUTUAL FUNDS BEG OF YEAR AMOUNT 176,017 END OF YEAR AMOUNT 179,685				

Additional Data

Software ID: Software Version:

EIN: 45-0409209

Name: MASONIC FOUNDATION OF BISMARCK MASONIC

LODGE #5 AF & AM

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
JON R MILL PO BOX 624 BISMARCK, ND 58502	CHAIRMAN 1 00	0	0	0
LYNN J BURI PO BOX 624 BISMARCK,ND 58502	TRUSTEE 1 00	0	0	0
JAY BURINGRUD PO BOX 624 BISMARCK,ND 58502	SECRETARY 1 00	0	0	0
GERALD SKOGLEY PO BOX 624 BISMARCK,ND 58502	TREASURER 1 00	0	0	0
FRAN ELY PO BOX 624 BISMARCK,ND 58502	TRUSTEE 1 00	0	0	0
BOB SIMMERS PO BOX 624 BISMARCK, ND 58502	TRUSTEE 1 00	0	0	0

TY 2011 Transfers Personal Benefits Contracts Declaration

Name: MASONIC FOUNDATION OF BISMARCK MASONIC

LODGE #5 AF & AM

EIN: 45-0409209

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.