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'Form

₹ 3 2015

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 private foundations)

Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www irs.gov/form990

2013 Open to Public Inspection

OMB No 1545-0047

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| Wester N/A Wes | | | | H(b) Are all sub | ordinates incli | uded? Yes No |
| Website N/A Note | | | | If "No," | ' attach a list | (see instructions) |
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| 1 Briefly describe the organization's mission or most significant activities A FRATERNAL AND PHILANTRHOPIC MASONIC ORGANIZATION | <u>J</u> | Website > | | H(c) Group exe | mption numbe | r > |
| Briefly describe the organization's mission or most significant activities | | | | of formation | | M State of legal domicile |
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| Under penalties of penjury, 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 perfect of preparer (other than officer) is based on all information of which preparer has any knowledge Sign | | | | | <u> </u> | 313,000 |
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| Here CLARK OVERBEY Type or print name and title Print/Type preparer's name Preparer Preparer's signature Date Of-10/15 self-employed P01656493 Po1656493 Prim's aidress Prim's aidress Prim's aidress Phone no 605-225-8890 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No For Paperwork Reduction Act Notice, see the separate instructions. | | | | | • | owiedge and belief, it is |
| Here CLARK OVERBEY Type or print name and title Print/Type preparer's name Preparer Preparer's signature Date Of-10/15 self-employed P01656493 Po1656493 Prim's aidress Prim's aidress Prim's aidress Phone no 605-225-8890 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No For Paperwork Reduction Act Notice, see the separate instructions. | | | (thefz Seeken | - | 6- | 12-15 |
| Print/Type preparer's name Preparer's signature Print's name Preparer's signature Print's name Preparer's signature Print's signa | - | - 1 . | | .RY | Date | |
| Paid EMILY MITCHELL Firm's name | | | Type or print name and title | | | |
| Preparer Firm's name HOPFINGER & MERRIMAN, LTD. Firm's EIN 84-1663900 | | | nt/Type preparer's name Preparer's signature | Date | Check | If PTIN |
| Use Only P.O. BOX 728, 102 S. 2ND STREET Firm's address ABERDEEN, SD 57402-0728 May the IRS discuss this return with the preparer shown above? (see instructions) Tyes No For Paperwork Reduction Act Notice, see the separate instructions. | | <u> </u> | HLY MITCHELL Emily Matthew | 06/10 | /15 self-em | ployed P01656493 |
| Use Only P.O. BOX 728, 102 S. 2ND STREET | | | n's name HOPFINGER & MERRIMAN, LTD. | F | ım's EIN | |
| May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2013) | Use | e Only | | | | |
| May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No | | Fir | ADEDDEEN OD EZAGO 0700 | _P | hone no | 605-225-8890 |
| For Paperwork Reduction Act Notice, see the separate instructions. | Ma | y the IRS d | scuss this return with the preparer shown above? (see instructions) | • | | X Yes No |
| | | | Reduction Act Notice, see the separate instructions. | | - | |

| | ABERDEEN LODGE O | | 0191692 | Page 2 |
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| | atement of Program Serv | | D-4 III | |
| | be the organization's mission | s a response or note to any line in this | Рап III | |
| | | HOPIC MASONIC ORGANIZA: | TION | |
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| 2 Did the organ | nization undertake any significant | program services during the year which were n | ot listed on the | · |
| | 90 or 990-EZ? | | | Yes X No |
| | cribe these new services on Sche | | | |
| 3 Did the organ services? | nzation cease conducting, or mar | te significant changes in how it conducts, any p | rogram | Yes X No |
| If "Yes," desc | cribe these changes on Schedule | 0 | | |
| | | ccomplishments for each of its three largest pro | - | |
| | ection 501(c)(3) and 501(c)(4) org enses, and revenue, if any, for ea | anizations are required to report the amount of | grants and allocations to others, | |
| the total expe | enses, and revenue, it any, for ear | on program service reported | | |
| 4a (Code |) (Expenses \$ | 8,637 including grants of \$ | 5,552) (Revenue \$ | 7,135) |
| | | ANIZATION ACTIVITIES AN | | |
| CHILDREN | 'S SPEECH, HEARI | NG, AND LANGUAGE CLINIC | S. | |
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| 4d Other program (Expenses \$ | m services (Describe in Scheduli | | (Revenue \$ | ١ |
| | n service expenses ▶ | 8,637 | Trickende # | |
| DAA | | | | Form 990 (2013) |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|----|--|------|-----|---------------------------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | | X |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | | |
| | Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| - | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | • | | |
| • | complete Schedule D, Part III | 8 | | x |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | | | |
| 3 | custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | X |
| 0 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | - | | |
| U | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 4 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | -10 | | |
| 1 | VII, VIII, IX, or X as applicable | | | |
| _ | | | İ | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | 11a | | X |
| h | 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 | 1 Ia | | |
| b | of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VII | 11b | x | |
| _ | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | 110 | | |
| С | of its total assets reported in Part X, line 16° If "Yes," complete Schedule D, Part VIII | 11c | | x |
| a | | 110 | | |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | 11d | | X |
| _ | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11e | | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | TIE | | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 445 | | X |
| 2- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | |
| Za | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 120 | | x |
| _ | Schedule D, Parts XI and XII | 12a | | |
| D | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | 425 | | v |
| _ | the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | $\frac{\mathbf{x}}{\mathbf{x}}$ |
| 3 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | 446 | | v |
| _ | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | <u> </u> |
| 5 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 4.5 | | v |
| _ | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15_ | | X |
| 6 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | v |
| _ | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 7 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 4- | | v |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | <u> </u> |
| 8 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | ۔ ا | | v |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 9 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | مدا | | v |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | <u> </u> |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

Part IV Checklist of Required Schedules (continued)

| | | | Yes | No |
|-----|---|-----|------------|----------|
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | government 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 or other assistance to individuals in the United States | | i | |
| | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | <u> </u> |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | <u>X</u> |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | 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 | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | İ | |
| L | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | |
| D | 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? | | ļ | |
| 26 | If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | 26 | | |
| _, | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | 1 | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | Í | x |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | |
| | conservation contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | | | |
| | Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32 | | <u> </u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | 1 | |
| | sections 301 7701-2 and 301 7701-39 If "Yes," complete Schedule R, Part I | 33 | | <u> </u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, | | ŀ | |
| | or IV, and Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | , | | | |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 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, | _ | | 7.7 |
| 20 | Part VI | 37 | | <u> </u> |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | _ | ا پ | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | X | |

| a Enter the number reported in Box 3 of Form 1096 Enter-0- finot applicable b Elater the number of Forms W-2G included in line 1 a Enter-0- finot applicable c Did the organization comply with backup withholding rules for reportable gamming (gambling) winnings to prize winnes? 2 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, Rife of the calendary year ending with or within the year covered by the return b If at least one is reported on line 2a. did the organization file all required federal employment tax returns? 2 Note. If the sum of firms 1 and 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 All any time during the calendar year, did the organization file all required federal employment tax returns? 4 All Alary 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 (see his a brain account)? 4 All Alary 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 (see his a brain account)? 5 All If Yes, a fine file a file file or probable tax sheller transaction at any time during the tax year? 5 All any time during the calendar year, did the organization has a brain account. 5 All any time and the file file and the organization has a party to a prohibited tax sheller transaction? 6 If Yes to line 5 or 55, did the organization has the was or is a party to a prohibited tax sheller transaction? 7 Bloos the organization have annual gross receipts that are normally greater than \$100.000, and did the organization has a probable tax sheller transaction at any time during the tax year? 7 Bloos the organization has been seen that it was or is a party to a prohibited tax sheller transaction? 7 Cyganizations that many receive deductable contributions or undersection 170(c). 8 Did the | Pa | ırt ¥ | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | | | |
|---|----------|-------------|--|-------------------|---------------------------------------|----------|---------|----------|
| 1a Eart the number reported in tox 3 of From 1056. Enter -0, and applicable Enter the number of Forms Wa.C. included in the 15. Enter-0 -1 and applicable C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaining (gambling) winnings to prize winness? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by the return 3a 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 the return 3 If all east one is reported on line 23, did the organization filed all required federal employment tax returns? 4 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 5 If Vers, "has it filed a Form 950-Tor this year? If "No" to line 3b, provide an explanation in Schedule O 5 A lary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 5 A Was the organization and the foreign country 5 B If "Yes," in line the name of the foreign country 5 B If "Yes," in the name of the foreign country 5 B If "Yes," in the search of the organization that was or is a party to a prohibited tax shelter transaction? 5 B If "Yes," to line 5a or 5b, did the organization his enormally greater than 5100,000, and did the organization have amusal gross receipts that are normally greater than 5100,000, and did the organization have provided the every solicitation an express statement that such contributions or gifts were not tax eductible contributions or gifts were not tax eductible as charitable contributions or gifts were not tax eductibles or charaction that was or is a party to a prohibited tax shelter transaction? 6 D of the organization have amusal gross receipts that are normally greater than 5100,000, and did the organization have | | | Chicar in Concadio Communica a response of note to any line in this Fall V | | | | Yes | No |
| b Enter the number of Forms W-2C included in line 1s Enter O-8 find applicable Old the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) wrinings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return I all least one is reported on line 2a, did the organization file all required federal employment tax returns? About it if the sum of lines 1s and 2a is greater than 250, you may be required to effice enstructions) 1a Old the organization have unrelated business gross income of \$1,000 or more during the year? 1b If 'Yea', I has it filed a form 950-71 for the year 'I' in You' to line 3b, provide an explanation in Schedule O 1a 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)? 1b If 'Yea', select the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 1b Old any tixed party northly the organization that a was or is a party to a prohibited tax select transaction at any time during the tax year? 1c If 'Yea' to line 8 or 8b, cit the organization that a was or is a party to a prohibited tax select transaction? 1b If 'Yea', to line 8a or 8b, cit the organization that a was or is a party to a prohibited tax select transaction at any time during the tax year? 1c If 'Yea' to line 8a or 8b, cit the organization that a was or is a party to a prohibited tax select transaction? 1b If 'Yea', to the organization to receive that twere not tax deductible as charitable contributions? 1c If 'Yea' to line 8a or 8b, cit the organization tile form 8895 as required for Organization state any time tile and the organization and the organization and the | 1a | Enter the | number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a | 0 | | | |
| reportable gaming (gambling) winnings to prize winners? 2 Either the number of employees reported on Fine W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 3 I all least one is reported on line 2a, did the organization file all required feeferal employment tax returns? 3 I obtate organization have unrelated business gross income of \$1,000 or more during the year? 3 I hill response a filed a Form 900 The first ley art if "No" to line 8b, provide an explanation in Schedule O 4 I Harve fine 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 to wer, a financial account in a foreign country to wer, a financial account in a foreign country to wer, a financial account in a foreign country to wer, a financial account in a fronger ocurry towar as a bank account, securities account, or other financial accounts in Gregoria toward in the foreign country. 5 If "Yes," enter the name of the foreign country toward as explanation of Foreign Bank and Financial Accounts 5 Was the organization as part by a prohibited tax shelter transaction at any time during the tax year? 5 I was the organization as part by a prohibited tax shelter transaction? 5 I was the propagation and the organization file Form 8885-17? 5 I was the organization and that were not tax deductable as charitable contributions? 5 I was the organization and country that were not tax deductable as charitable contributions? 5 I was the organization and the organization file Form 8885-17? 6 I was the organization and the were not tax deductable as charitable contributions? 6 I was the organization and the were not tax deductable as charitable contributions? 7 I was the organization and the organization file Form 8885-17? 8 I was the organization foreign to promise that are normally greater than \$10,000, and did the organization state any explaination foreign to the organization fo | _ | | • | | | | | |
| 2a Elete 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 2 1 1 b If al least one is reported on Ine 2a, did the organization file at larguiered federal employment tax returns? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more dumping the year? 3a 1 b If Yes,* has it filed a Form 990-T for this year? If You' to line 3b, provide an explanation in Schedule O 3b 1 4a 1an yite uduring 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 accounts over, a financial account in a foreign country ▶ 5a Was the organization aparty to a prohibided tax sheller transaction at any time during the tax year? 5a Was the organization aparty to a prohibided tax sheller transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file form 8886-T? 5a Dees the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). 7b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes,* dinclude the payor? 7a The Organization section and the section of the value of the | С | Did the o | rganization comply with backup withholding rules for reportable payments to vendors and | | | | | |
| Statements, filed for the calendar year ending with or within the year covered by this return 2a 1 2b X Note, if the sum of lines is a and 2a is greater than 250, you may be required federal employment tax returns? 2b X Note, if the sum of lines is a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a 3b if 1'es; his aft file a form 990-1 for this year? if 1'No 1'o line 2b, provide an explanation in Schedule O 3b if 1'es; his aft filed a form 990-1 for this year? if 1'No 1'o line 2b, provide an explanation in Schedule O 3b 3a 3a 3a 3a 3a 3a 3a | | reportabl | e gaming (gambling) winnings to prize winners? | | | 1c | X | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b If "Yes," has if filed a Form 990-Ti for this year? If "No" to line 3b, provide an explanation in Schedule O 3b J 4a At any time during the calendary year, did the organization file 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 accountly? 5c emistructions for filing requirements for Form 1D F 90-22 1, Report of Foreign Bank and Financial Accounts 5c emistructions for filing requirements for Form 1D F 90-22 1, Report of Foreign Bank and Financial Accounts 5c emistructions for filing requirements for Form 1D F 90-22 1, Report of Foreign Bank and Financial Accounts 5c was the organization and the organization file for missing the property of the property of the property of the organization file or granutation file organization fold organization file organization file organization file organization fold organization fold organization fold organization fold organization fold organization fold organization fold organization fold organization fold organization fold organization fold organization fold organization fold organization fold organization fold organization fold organization fold organization fold organization file organization file organization file organizati | 2a | Enter the | number of employees reported on Form W-3, Transmittal of Wage and Tax | | | | | |
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| c Enter the amount of reserves on hand 13c 13c 14a 14 | | | | [_13C_] | | 140 | | x |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14a 14b | | | | | | | | |
| DAA Form 990 | | 11 165, | ndo k mod a r omi 720 to report mese payments. Il 140, provide an explanation ill Schedule | <i>.</i> <u> </u> | | | m 990 | (2013) |

Form 990 (2013) ABERDEEN LODGE OF PERFECTION 46-0191692 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 5 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a X X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No 10a X 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > CLARK OVERBEY PO BOX 1026 **ABERDEEN** SD 57402 605-216-8025

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- 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, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (list any hours for | bo: | onot check more than one compensation compensation compensation related cer and a director/trustee) the organization | | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the | | | | |
|-----------------------|---|--------------------------------|--|----------------|---|---|--------|-----------------|-------------------------|--|
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (11 <u>2</u> 1666 mics) | organization and related organizations |
| (1) RAY HOLLAN | 1 00 | | | | | | | | | |
| VENERABLE MASTER | 1.00 0.00 | x | | | | | | 0 | o | 0 |
| (2) STEVEN SCHURR | 0.00 | - | | <u> </u> | | | | | | |
| · · | 1.00 | | | | | | | | , | |
| WISE MASTER | 0.00 | X | | | | | | 0 | 0 | 0 |
| (3) WILBUR ALBRECHT | | | | | | | | | | |
| | 1.00 | | | | | | | | | |
| COMMANDER | 0.00 | X | _ | | | \vdash | | 0 | 0 | 0 |
| (4) JEROLD BUECHLER | 1.00 | | | | | | | | | |
| MASTER OF KADOSH | 0.00 | x | | | İ | | | 0 | ٥ | o |
| (5) CLARK OVERBY | 0.00 | ^ | | | ╁ | | | | | |
| (0) 022222 | 1.00 | | | | | | | | | |
| SECRETARY | 0.00 | X | | | | | | 0 | 0 | 0 |
| (6) | | | | | | | | | | |
| (7) | | | | | | | | | | |
| (8) | | | | | | | | | | |
| (9) | | | | ļ . | | | | | | <u> </u> |
| (10) | | | | | | | | | | , |
| (11) | | | | | | | | | | |

| Pai | (A) Name and title | (B) Average hours per week (list any | (de | o not o | Pos check ess pe | c) ition more | than o | ne an | (D) Reportable compensation from the organization | (E) Reportable E compensation from ail related organizations com | | (F) Estimated amount of other compensation from the | | |
|--------------|--|--|--------------------------------|-----------------------|------------------------|---------------------|------------------------------|-----------------------|--|---|-----|--|-------------|---------------|
| | | hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (W-2 1833-Milot) | | from the organization and related organizations | | |
| (12) | | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | _ | _ |
| (14) | | | | | | | | | | | | | | _ |
| (15) | | | | | | | | | | | | | | _ |
| (16) | | | | | | | | | | | | | | _ |
| (17) | | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | | |
| (19) | | | | | | | | | | | | | | |
| 1b c d | Sub-total Total from continuation she Total (add lines 1b and 1c) | eets to Part VII, | Sect | ion A | 1 | 1 | • | > > > | | | | | | |
| 2 | Total number of individuals (in reportable compensation from | | | | thos | e lis | ted a | bov | e) who received more than | 1 \$100,000 in | | | Yes N | o |
| 3 4 | Did the organization list any f employee on line 1a? If "Yes, For any individual listed on lir | " complete Sche ne 1a, is the sum | dule of re | J for | suc able | h ind | dividu ipens | ial satio | on and other compensation | from the | | 3 | | ζ_ |
| 5 | organization and related organization and related organidividual Did any person listed on line for services rendered to the organization. | 1a receive or acc | rue | com | oens | atioi | n fror | n ar | y unrelated organization o | | | 5 | | <u>ς</u> ζ |
| Sect 1 | ion B Independent Contract Complete this table for your f | ors | | | | | | | | than \$100,000 of | | | | |
| | compensation from the organ | nization Report of (A) d business address | omp | ensa | ition | for t | he ca | alen | dar year ending with or with Descrip | nin the organization's tax ye (B) otion of services | ear | Corr | (C) | _ |
| | | | | | | | | | | | | | | |
| | ·- | | | | - | | | | | | | | | |
| | | | • | - | | | | | | | | | | _ |
| | Total number of independent | contractors (incl | udını | a but | not | lımıt | ed to | tho | se listed above) who | | | | | |
| DAA | received more than \$100,000 | of compensatio | n fro | m the | e org | anız | ation | ▶ | | 0 | | Form | 990 (20 | 013) |

Form 990 (2013) ABERDEEN LODGE OF PERFECTION 46-0191692 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue Total revenue exempt function excluded from tax under sections business revenue 512-514 Gifts, Grants ilar Amounts 1a Federated campaigns 1a 8,988 b Membership dues 1b c Fundraising events 1c 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 25 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 9,013 Program Service Revenue Busn Code 3,957 3,957 FOUNDATION 2a 1,753 1,753 b CEREMONIAL 1,021 1,021 C MEALS d 584 584 ALMONER f All other program service revenue 7,315 g Total Add lines 2a-2f \triangleright Investment income (including dividends, interest, 12,298 12,298 and other similar amounts) Income from investment of tax-exempt bond proceeds ▶ Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) Net rental income or (loss) Gross amount from (II) Other (i) Securities sales of assets 19,460 11,103 other than inventor b Less cost or other 23,811 basis & sales exps -4,351 11,103 c Gain or (loss) 6,752 6,752 d Net gain or (loss) ▶ 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn Code 2,221 2,221 11a b All other revenue 2,221

37,599

28,586

0

Total. Add lines 11a-11d

Total revenue. See instructions

Part IX Statement of Functional Expenses

| Sect | ion 501(c)(3) and 501(c)(4) organizations must contains a response | | | olete column (A) | |
|---------|--|----------------|--------------------------|---------------------------------|--|
| <u></u> | | (A) | (B) | (C) | (D) |
| | ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and | | expenses | general expenses | expenses |
| • | organizations in the U.S. See Part IV, line 21 | 5,552 | 5,552 | | |
| 2 | Grants and other assistance to individuals in | 0,002 | 3,332 | | ······································ |
| - | the U S See Part IV, line 22 | | Į. | | |
| 3 | Grants and other assistance to governments, | | | | ······································ |
| · | organizations, and individuals outside the | | ļ | | |
| | U S See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | · | | |
| 5 | Compensation of current officers, directors, | | | | |
| _ | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| _ | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 1,440 | | 1,440 | |
| 8 | Pension plan accruals and contributions (include | | - | | |
| _ | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | 816 | | 816 | · |
| 11 | Fees for services (non-employees) | | | | |
| а | | | | | |
| b | [*] | | | | |
| С | Accounting | 1,600 | | 1,600 | |
| | Lobbying | | | | |
| е | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | | | | | |
| | (A) amount, list line 11g expenses on Schedule O) | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | 2,277 | | 2,277 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 9,123 | | 9,123 | |
| 17 | Travel | | | - | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 1,961 | | 1,961 | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 610 | | 610 | |
| 24 | Other expenses Itemize expenses not covered | | | | |
| | above (List miscellaneous expenses in line 24e If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | MEALS | 2,085 | 2,085 | <u>.</u> | |
| b | ALMONER | 1,000 | 1,000 | | |
| С | SUPREME COUNCIL | 376 | | 376 | |
| d | <u>_</u> | | | | |
| е | All other expenses | | | | |
| 25 | Total functional expenses Add lines 1 through 24e | 26,840 | 8,637 | 18,203 | 0 |
| 26 | Joint costs. Complete this line only if the | | | | · |
| | organization reported in column (B) joint costs from a combined educational campaign and | İ | | | |
| | fundraising solicitation Check here ▶ ☐ if | | | | |
| | following SOP 98-2 (ASC 958-720) | | | | |
| DAA | | | | | Form 990 (2013) |

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 8,284 19,5261 Cash-non-interest bearing 27,860 28,469 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D 10b b Less accumulated depreciation 10c 51,720 Investments—publicly traded securities 11 428,943 449,353 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 465,087 549,068 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 0 0 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 447,741 531,623 27 Unrestricted net assets 17,346 17,445 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 465,087 549,068 Total net assets or fund balances 33 465,087 549,068 Total liabilities and net assets/fund balances

Form 990 (2013)

| orm | 990 (2013) ABERDEEN LODGE OF PERFECTION 46-0191692 | | | | Pag | ge 12 |
|-----|---|----|-----|-----|------|-------------|
| Pa | rt XI Reconciliation of Net Assets | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | |
| 1 | Toţal revenue (must equal Part VIII, column (A), line 12) | 1 | | | | 599 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 2 | 26, | <u>840</u> |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 1 | 10, | <u> 759</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 46 | 55, | 087 |
| 5 | Net unrealized gains (losses) on investments | 5 | | 7 | 73,: | 222 |
| 6 | Donated services and use of facilities | 6 | | | | |
| 7 | Investment expenses | 7 | | | | |
| 8 | Prior period adjustments | 8 | | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | | |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line | | | | | |
| | 33, column (B)) | 10 | | 54 | 19,6 | 068 |
| Рa | rt XII Financial Statements and Reporting | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | |
| | | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 X Cash Accrual Other | | | 1 | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | | |
| | Schedule O | | | 1 | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | 2a | | _X_ |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | 1 | | |
| | reviewed on a separate basis, consolidated basis, or both | | | 1 | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | L | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | | |
| | separate basis, consolidated basis, or both | | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | - 1 | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | - 1 | ŀ | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | | |
| | Schedule O | | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | | |
| | the Single Audit Act and OMB Circular A-133? | | | 3a | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | T | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | ŀ | 3b | | |

Form **990** (2013)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047

2013

Open to Public

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number ABERDEEN LODGE OF PERFECTION 46-0191692 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part F Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance she works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

▶ \$

(II) Assets included in Form 990, Part X

- ▶ \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a Revenues included in Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

S

| <u>Sche</u> | | LODGE OF | | | 46-0 | | | | Page 2 |
|-------------|--|----------------------------|--------------------------|-----------------|--|-------------|-----------------|---------------------------------------|----------|
| | rt III Organizations Maintainii | | | | | | | ts (continue | d) |
| 3 | Using the organization's acquisition, access collection items (check all that apply) | ssion, and other record | is, check any of the fo | llowing that a | are a signif | ficant us | se of its | | |
| а | Public exhibition | d 🗍 | Loan or exchange pro | ograms | | | | | |
| b | Scholarly research | e 🗍 | Other | • | | | | | |
| С | Preservation for future generations | _ | | | | | | | |
| 4 | Provide a description of the organization's XIII | collections and explai | n how they further the | organization | 's exempt | purpose | e in Part | | |
| 5 | During the year, did the organization solicit | t or receive donations | of art historical treasu | ires or other | eimilar | | | | |
| • | assets to be sold to raise funds rather than | | | | | | | Yes | □ No |
| Pa | rt IV Escrow and Custodial A | | part of the organization | ir o concentori | | | | | |
| | Complete if the organization | • | " to Form 990 Pa | rt IV line 9 | or ren | orted a | an amount | t on Form | |
| | 990, Part X, line 21 | | | | · | orteu e | | | |
| та | Is the organization an agent, trustee, custo | odian or other intermed | diary for contributions | or other asse | ts not | | | <u> </u> | — |
| | included on Form 990, Part X? | | | | | | | Yes | ∐ No |
| b | If "Yes," explain the arrangement in Part XI | III and complete the fo | ollowing table | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | | | Amount | |
| | Beginning balance | | | | | | 1c | | |
| d | Additions during the year | | | | | | 1d | | |
| е | Distributions during the year | | | | | | 1e | | |
| f | Ending balance | | | | | | 1f | | |
| 2a | Did the organization include an amount on | Form 990, Part X, line | e 21? | | | | | Yes | ∐ No |
| | If "Yes," explain the arrangement in Part XI | III_Check here if the e | xplanation has been p | rovided in Pa | art XIII | | | | |
| Pa | rt V Endowment Funds. | | | | | | | | |
| | Complete if the organization | on answered "Yes | <u>" to Form 990, Pa</u> | rt IV, line 1 | 10 | , | | | |
| | | (a) Current year | (b) Prior year | (c) Two ye | ars back | (d) Ti | nree years back | (e) Four year | ars back |
| 1a | Beginning of year balance | | | | | | | | |
| b | Contributions | | | | | | | | |
| С | Net investment earnings, gains, and | | i. | | | | | | |
| | losses | | | | | | | | |
| d | Grants or scholarships | | | | | | | | |
| е | Other expenditures for facilities and | | | | | ŀ | | | |
| | programs | | | | | | | | |
| f | Administrative expenses | | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimated percentage of the cu | urrent year end baland | ce (line 1g, column (a)) |) held as | | | | | |
| а | Board designated or quasi-endowment ▶ | % | | | | | | | |
| b | Permanent endowment ▶ % | , | | | | | | | |
| С | Temporarily restricted endowment ▶ | % | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c sh | ould equal 100% | | | | | | | |
| 3a | Are there endowment funds not in the poss | | ation that are held and | administere | d for the | | | | |
| | organization by | - | | | | | | Ye | s No |
| | (i) unrelated organizations | | | | | | | 3a(i) | 1 |
| | (ii) related organizations | | | | | | | 3a(ii) | |
| b | If "Yes" to 3a(II), are the related organization | ons listed as required | on Schedule R? | | | | | 3b | |
| | Describe in Part XIII the intended uses of t | | | | | | | <u> </u> | |
| | rt VI Land, Buildings, and Eq | | | | | | | | |
| - +- | Complete if the organization | | " to Form 990 Pa | rt IV line 1 | lla See | Form | 990 Part | X line 10 | |
| | Description of property | (a) Cost or other | | | | Accumulat | | (d) Book valu | ıe |
| | o energia properties | (investment) | 1 | | 1 | epreciation | | 10, 250K 10K | |
| 12 | Land | , | | • | <u> </u> | , | | | |
| | | | | | | | | | |
| | Buildings | | | | | | | | |
| | Leasehold improvements | | | | | | | | |
| | Equipment | | - | | | | <u></u> | | |
| | Other | A a result Farrer 2000 . 5 | t V salvens (D) to 1 | 0(-) | 1 | | +- | | |
| otal | . Add lines 1a through 1e (Column (d) mus | i equal Form 990, Pa | ILA, COIUMN (B), line 1 | U(C)) | | | | | |

| Part VII | Investments—Other Securities. | 000 D-+ N/ E | 44h Caa Farm 000 D | |
|---------------------|--|--|---|-----------------|
| | Complete if the organization answered "Yes" to F | | | |
| • | (a) Description of security or category | (b) Book value | (c) Method of | |
| | (including name of security) | ļ | Cost or end-of-year | ar market value |
| (1) Financial | derivatives | | | - |
| (2) Closely-h | eld equity interests | | | |
| (3) Other C | CAPITAL WORLD GROWTH & INC | | MARKET | |
| (A) PI | ONEER HIGH YIELD CL C | | MARKET | |
| (B) IN | ICOME FUND AMERICA CL A | 96,070 | MARKET | |
| (C) MU | TUAL GLOBAL DISCOVERY CL A | 41,983 | MARKET | |
| | MPLETON WORLD CL A | | MARKET | |
| \ - / | LLS FARGO ADVANTAGE DIVERSIFIED | 30,864 | | |
| \- / | INDAMENTAL INVESTORS CL A | 29,445 | | |
| · · | ASH HELD WITH LPL FINANCIAL | 432 | | ·- |
| v – y | on hall with all rinancial | 152 | MARKET | - |
| (H) | (1) | 440 252 | MARKEI | |
| | nn (b) must equal Form 990, Part X, col (B) line 12) | 449,353 | | |
| Part VIII | Investments—Program Related. Complete if the organization answered "Yes" to F | Form 990. Part IV. line | 11c See Form 990. P | art X. line 13 |
| | (a) Description of investment | (b) Book value | (c) Method of | |
| | • • • | ., | Cost or end-of-year | |
| (1) | | | | |
| | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colum | nn (b) must equal Form 990, Part X, col (B) line 13) | | | |
| Part IX | Other Assets. | • | • | |
| | Complete if the organization answered "Yes" to F | Form 990. Part IV. line | 11d See Form 990. P | art X. line 15 |
| | (a) Description | | | (b) Book value |
| (1) | | <u> </u> | | |
| (2) | | | | |
| | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colum | nn (b) must equal Form 990, Part X, col (B) line 15) | | > | |
| Part X | Other Liabilities. | | | |
| | Complete if the organization answered "Yes" to I | Form 990, Part IV, line | 11e or 11f See Form | 990, Part X, |
| | line 25. | , , | | , , |
| 1. | (a) Description of liability | (b) Book value | | |
| (1) Federa | I income taxes | | | |
| (2) | | | | |
| (3) | | _ | | |
| (4) | | | | |
| | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Colum | nn (b) must equal Form 990, Part X, col. (B) line 25) ▶ | 1 | | |
| 2. Liability for | r uncertain tax positions. In Part XIII, provide the text of the fool | tnote to the organization's fi | inancial statements that rene | orte the |

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information

b Other (Describe in Part XIII)c Add lines 4a and 4b

4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

4c

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Schedule D (Form 990) 2013 ABERDEEN LODGE OF PERFECTION

46-0191692

Page 5

Part XIII Supplemental Information (continued)

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SCHEDULEI (Form 990)

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

2013 OMB No 1545-0047

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☐ Yes

Open to Public Inspection Employer identification number 46-0191692 ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ABERDEEN LODGE OF PERFECTION General Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization Part

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

the selection criteria used to award the grants or assistance?

| 2 Descri | the selection criteria used to award the grants of assistance. Describe in Part IV the organization's procedures for monitoring the use of | nitoring the use of c | grant funds | grant funds in the United States | | | | |
|--------------------|---|-----------------------------------|-------------------------------------|--|--|---|--|--|
| Part II | Grants and Other Assistance to Governments ar Part IV, line 21, for any recipient that received more | overnments and received more t | d Organi :han \$5,0(| nd Organizations in the United States. Complete if the organization than \$5,000 Part II can be duplicated if additional space is needed | ited States. Com duplicated if addit | iplete if the orga ional space is n | anization answe eeded | nd Organizations in the United States. Complete if the organization answered "Yes" to Form 990, than \$5,000 Part II can be duplicated if additional space is needed |
| - | (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) SCOTI 520 S | (1) SCOTTISH RITE FOUNDATION OF SD 520 SOUTH 1ST STREET | | | | | | | |
| SIOUX F | FALLS SD 57104 | 46-6015073 | 501C3 | 5,552 | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (9) | | | | | | | | |
| (2) | | | | | | | | |
| (8) | | | | | | | | |
| (6) | | | | | | | | |
| 2 Enter 3 Enter | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table | organizations listed e 1 table | In the line | 1 table | | | | , |

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

Schedule I (Form 990) (2013)

| Schedule I (F | Schedule I (Form 990) (2013) ABERDEEN LODGE OF PERFECT] | GE OF PERFECT: | NOI | 46-0191692 | | Page 2 |
|---------------|---|--------------------------|--------------------------|-----------------------------------|---|---|
| Part III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed | Individuals in the U | nited States. Comp | olete if the organization | n answered "Yes" to Form | |
| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (e) Method of valuation (book, Poescription of non-cash assistance FMV, appraisal, other) |
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| S. | | | | | | |
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| 7 | | | | | | |
| Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information | ide the information re | quired in Part I, line | 2, Part III, column (b) | , and any other additional i | Information |

SCHEDULE O (Form 990 or 990-EZ) 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Department of the Treasury Internal Revenue Service Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization

ABERDEEN LODGE OF PERFECTION

Employer identification number 46-0191692

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

EACH MEMBER HAS A RIGHT TO VOTE ON THE DECISIONS OF THE CHAPTER AND DURING

THE ELECTION OF OFFICERS.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

EACH MEMBER IS ALLOWED TO VOTE ON THE DECISIONS OF THE CHAPTER. ALL

OFFICERS, OTHER THAN THE SECRETARY, ARE NOMINATED/ELECTED BY THE MEMBERSHIP

FOR A TWO YEAR TERM. THE SECRETARY IS APPOINTED BY THE STATE'S PRESIDENT.

BY VOTE MEMBERSHIP CAN REMOVE THE SECRETARY FROM HIS POSITION AND A NEW

SECRETARY WILL BE APPOINTED BY THE STATE PRESIDENT.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS ALL ACTIONS OF THE CHAPTER ARE SUBJECT TO APPROVAL BY THE MEMBERSHIP.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 SECRETARY/ADMINISTRATOR REVIEWS RETURN & SIGNS FOR SUBMISSION. RETURN IS PRESENTED TO MEMBERSHIP AT THE NEXT MEETING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

6603 ABERDEEN LODGE OF PERFECTION 6/10/2015 8:42 AM **Federal Statements** 46-0191692 Page 1 FYE: 12/31/2013 **Taxable Dividends from Securities** Description Unrelated Exclusion Postal Acquired after US
Business Code Code 6/30/75 Obs (\$ or %) Amount 12,154 12,154 TOTAL