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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

OMB No 1545-1150

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B

Check if applicable

Address change

Name change

Initial return

Final return/terminated

Amended return

Application pending

C

Name of organization
ANOKA MASONIC LODGE 30
AF&AM OF MN INC

Number and street (or P O box, if mail is not delivered to street address)Room/suite
1900 3RD AVENUE

City or town, state or province, country, and ZIP or foreign postal code
ANOKA, MN 55303

D

Employer identification number

23-7534522

E Telephone number

(763) 780-0484

F Group Exemption Number

G Accounting Method

Cash

Accrual

Other (specify)

H

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

I Website:

WWW.ANOKAMASONS.ORG

J Tax-exempt status (check only one)

501(c)(3)

501(c)(10)

4947(a)(1)

527

K Form of organization

Corporation

Trust

Association

Other

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, column (B)) below are \$500,000 or more, file Form 990 instead of Form 990-EZ.

\$ 109,524

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	40,021
	2	Program service revenue including government fees and contracts	2	21,789
	3	Membership dues and assessments	3	34,426
	4	Investment income	4	150
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	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	12,678
	c	Less direct expenses from gaming and fundraising events	6c	6,765
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	5,913
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	410
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	410
	8	Other revenue (describe in Schedule O)	8	50
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	102,759
	10	Grants and similar amounts paid (list in Schedule O)	10	15,425
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	975
	14	Occupancy, rent, utilities, and maintenance	14	76,072
	15	Printing, publications, postage, and shipping	15	4,115
	16	Other expenses (describe in Schedule O)	16	20,288
	17	Total expenses. Add lines 10 through 16	17	116,875
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-14,116
	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	228,846
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	214,730

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	119,472	22	108,422
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	109,374	24	106,308
25 Total assets	228,846	25	214,730
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	228,846	27	214,730

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?
THE PRIMARY PURPOSE OF THE LODGE IS TO PROMOTE PHILANTHROPY

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 AS A BLUE LODGE, THE PROGRAM ACCOMPLISHMENT IS TO GATHER FELLOW PHILANTHROPISTS TO PARTICIPATE IN NUMEROUS MASONIC ORGANIZATIONS AND CHARITIES, SUCH AS CHILDREN'S SHRINE HOSPITAL OR UNIVERSITY OF MN MASONIC CANCER CENTER
(Grants \$) If this amount includes foreign grants, check here

28a

29 THE LODGE SPONSORS A BOY SCOUT TROOP AND SUPPORTS OTHER YOUTH PROGRAMS
(Grants \$) If this amount includes foreign grants, check here

29a

30 THE LODGE MAKES SCHOLARSHIPS TO HIGH SCHOOL GRADUATES AND DONATIONS TO NEEDY FAMILIES IN THE COMMUNITY
(Grants \$) If this amount includes foreign grants, check here

30a

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

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LEE KIELBLOCK SENIOR WARDE	000 00	0		
PAUL AGUSTIN JUNIOR WARDE	000 00	0		
DON MCGUIRE TREASURER	000 00	0		
CHRIS BERGLUND SECRETARY	000 00	0		
DAVID HANSEL MASTER	000 00	0		
TIM CARNEY SENIOR DEACO	000 00	0		

Part VOther Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
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	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
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	No
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	No
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	No
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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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	No
41	List the states with which a copy of this return is filed ▶ MN		
42a	The organization's books are in care of ▶ DONOVAN MCGUIRE Telephone no ▶ (763) 422-4507 Located at ▶ 3585 124TH AVE NW 3585 124TH AVE NW MINNEAPOLIS, MN ZIP + 4 ▶ 55448		
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	No
	If "Yes," enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c	No
	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	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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)	45b	No

		Yes	No
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		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000	
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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 business address of each independent contractor	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000.	
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52	Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A	Yes	No
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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		2015-10-14 Date		
	DON MCGUIRE TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name GREGORY OVIK	Preparer's signature	Date 2015-10-19	Check ☐ if self-employed	PTIN P00428876
	Firm's name  HUBMER ENSTAD OVIK & CO LTD			Firm's EIN  41-1859488	
	Firm's address  3340 NORTHDAL BLVD NW STE 120 COON RAPIDS, MN 554481622			Phone no (763) 786-7899	
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.****▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.**

OMB No 1545-0047

2014**Open to Public
Inspection**Name of the organization
ANOKA MASONIC LODGE 30
AF&AM OF MN INC**Employer identification number**

23-7534522

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	ADVERTISING 50 TOTAL 50
FORM 990-EZ, PART I, LINE 10	GRAND LODGE DUES 7,375 11501 MASONIC HOME DR BLOOMINGTON MN 55437 JOBS DAUGHTERS 0
FORM 990-EZ, PART I, LINE 10	NANE COMMUNITY SERVICE 5,556 0 0
FORM 990-EZ, PART I, LINE 16	BONES BROTHERS COST OF GOODS SOLD 4,700 HALLOWEEN EVENT COST OF GOODS SOLD 1,192 PANCAKE B REAKFAST COST OF GOODS SOLD 303 EXPENSES ADVERTISING AND PROMOTION 200 LODGE SUPPLIES 664 OFFICE SUPPLIES 1,702 DEGREE 370 INFORMATION TECHNOLOGY 244 LINDHURST DINNER 224 OFFICERS INSTALLATION 305 ANOKA FAIR BOOTH 456 EDUCATION EXPENSE 215 AWARDS 379 STEWARDS 3,518 ONE DAY TO MASON 2,750 NON-INVESTMENT DEPRECIATION 3,066 TOTAL 20,288
FORM 990-EZ, PART II, LINE 24	ELEVATOR 119,596 119,596 LESS ACCUMULATED DEPRECIATION 10,222 13,288 TOTAL 109,374 106,308
FORM 990-EZ, PART III, LINE 28	AS A BLUE LODGE, THE PROGRAM ACCOMPLISHMENT IS TO GATHER FELLOW PHILANTHROPISTS TO PARTICI PATE IN NUMEROUS MASONIC ORGANIZATIONS AND CHARITIES, SUCH AS CHILDREN'S SHRINE HOSPITAL O R UNIVERSITY OF MN MASONIC CANCER CENTER