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Form **990**

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2006

Open to Public Inspection

A **For the 2006 calendar year, or tax year beginning** January , 2006, and ending December , 2006

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: Ancient Free Accepted Masons of Bville 284

Number and street (or P O. box if mail is not delivered to street address): C/O NE Washington Blvd. | Room/suite

City or town, state or country, and ZIP + 4: Bartlesville Oklahoma 74066

D Employer identification number: 73-0127970

E Telephone number: (918) 331-3831

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

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

G **Website:** ▶ N/A

J **Organization type** (check only one) ▶ ☒ 501(c) (10) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ▶

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 266,079

M Check ▶ ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds . STMT 1	1a	100,000	
	b	Direct public support (not included on line 1a)	1b	53,048	
	c	Indirect public support (not included on line 1a) STMT 2	1c	6,174	
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	**Total** (add lines 1a through 1d) (cash $ 159,222 noncash $)			1e 159,222
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2
	3	Membership dues and assessments			3 10,690
	4	Interest on savings and temporary cash investments			4
	5	Dividends and interest from securities			5 53,336
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c
	7	Other investment income (describe ▶ Net Realized Gain)			7 42,831
	8a	Gross amount from sales of assets other than inventory — (A) Securities / (B) Other	8a		
	b	Less: cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d
	9	Special events and activities (attach schedule). If any amount is from **gaming**, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1b)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c
	11	Other revenue (from Part VII, line 103)			11
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 266,079
Expenses	13	Program services (from line 44, column (B))			13 46,184
	14	Management and general (from line 44, column (C))			14 223,084
	15	Fundraising (from line 44, column (D))			15 14,392
	16	Payments to affiliates (attach schedule)			16 -0-
	17	**Total expenses.** Add lines 16 and 44, column (A)			17 283,660
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18 -17,581
	19	Net assets or fund balances at beginning of year (from line 73, column (A)) Yes			19 2,433,896
	20	Other changes in net assets or fund balances (attach explanation) See STMT 3			20 122,056
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21 2,555,952

5-1-10

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ _____ noncash $ _____) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 46184 noncash $ STMT 4) If this amount includes foreign grants, check here ▶ ☐	22b	46184	46184		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) See STMT 7	25a	11625		11625	
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26				
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a – 27	28				
29 Payroll taxes	29	2100		2100	
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	2713		2713	
34 Telephone	34	1180		1180	
35 Postage and shipping	35	947		947	
36 Occupancy	36	25664		25664	
37 Equipment rental and maintenance	37	641		641	
38 Printing and publications	38	1581		1581	
39 Travel	39				
40 Conferences, conventions, and meetings	40	1332		1332	
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	42340		42340	
43 Other expenses not covered above (itemize): a See STMT. 5	43a	43203		30663	12540
b Insurance Workers Comp	43b	524		524	
c Office Supplies, Expense	43c	1774		1774	
d Golf Tournament	43d	1852			1852
e To Fund ARUST Perpetual Trust f.	43e	100,000		100,000	
f Per: Arnold Moodie	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	44	283660	46184	223084	14392

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.
Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . ▶ ☐ Yes ☒ No
If "Yes," enter (i) the aggregate amount of these joint costs $ _____; (ii) the amount allocated to Program services $ _____; (iii) the amount allocated to Management and general $ _____; and (iv) the amount allocated to Fundraising $ _____

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
a Provide Financial Assistance for Medical Research, Scholastic Scholarships, Civic Functions and Financial Aid to Individuals in Need. See STMT 4 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	46,184
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services). . . . . ▶	46184

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*		(A) Beginning of year		(B) End of year
Assets				
45 Cash—non-interest-bearing		1996	45	10576
46 Savings and temporary cash investments			46	
47a Accounts receivable	47a 2933			
b Less: allowance for doubtful accounts	47b 0	2933	47c	2933
48a Pledges receivable	48a			
b Less: allowance for doubtful accounts	48b		48c	
49 Grants receivable			49	
50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
51a Other notes and loans receivable (attach schedule)	51a			
b Less: allowance for doubtful accounts	51b		51c	
52 Inventories for sale or use			52	
53 Prepaid expenses and deferred charges			53	
54a Investments—publicly-traded securities ▶ ☐ Cost ☒ FMV		1,183,248	54a	1,345,133
b Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV			54b	
55a Investments—land, buildings, and equipment: basis	55a			
b Less: accumulated depreciation (attach schedule)	55b		55c	
56 Investments—other (attach schedule)			56	
57a Land, buildings, and equipment: basis	57a 1,472,909			
b Less: accumulated depreciation (attach schedule) See STMT 6	57b 325,422	1,189,816	57c	1,147,487
58 Other assets, including program-related investments (describe ▶ See STMT 8)		65,023	58	62,983
59 **Total assets** (must equal line 74). Add lines 45 through 58		2,443016	59	2,569,112 ✓
Liabilities				
60 Accounts payable and accrued expenses		5,574	60	10,100
61 Grants payable			61	
62 Deferred revenue		3546	62	3060
63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
64a Tax-exempt bond liabilities (attach schedule)			64a	
b Mortgages and other notes payable (attach schedule)			64b	
65 Other liabilities (describe ▶)			65	
66 **Total liabilities.** Add lines 60 through 65		9120	66	13160
Net Assets or Fund Balances				
Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 67 through 69 and lines 73 and 74.				
67 Unrestricted		2,368,873	67	2169370
68 Temporarily restricted Board Restricted			68	223599
69 Permanently restricted		65,023	69	162983
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.				
70 Capital stock, trust principal, or current funds			70	
71 Paid-in or capital surplus, or land, building, and equipment fund			71	
72 Retained earnings, endowment, accumulated income, or other funds			72	
73 **Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21) OK		2433896	73	2555952 ✓
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73		2,443,016	74	2,569,112

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	N/A
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	
c	Subtract line b from line a			c	
d	Amounts included on Part I, line 12, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	
e	**Total revenue** (Part I, line 12). Add lines c and d ▶			e	

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			a	N/A
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	
c	Subtract line b from line a			c	
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	
e	**Total expenses** (Part I, line 17). Add lines c and d ▶			e	

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(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 plans	(E) Expense account and other allowances
See STMT 7		11,625	-0-	-0-

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 8			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶ If "Yes," attach a statement that includes the information described in the instructions.	75c		X
d Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information *(See the instructions.)*

		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b If "Yes," enter the name of the organization ▶ _____ and check whether it is ☐ exempt or ☐ nonexempt			
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a			
b Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85	*501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?	85b	N/A	
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	*501(c)(7) orgs.* Enter: a Initiation fees and capital contributions included on line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87	*501(c)(12) orgs.* Enter: a Gross income from members or shareholders 87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b		X
89a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A			
b	*501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90a	List the states with which a copy of this return is filed ▶ Oklahoma			
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b 2			
91a	The books are in care of ▶ Mike Askew Telephone no. ▶ (918) 331-3831 Located at ▶ 610 NE Washington Blvd. Bville OK ZIP + 4 ▶ 74005			
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)?	91b		X
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			

Part VI Other Information *(continued)*

		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c	X
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041***—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*

		Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue:					
a						
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					10690
95	Interest on savings and temporary cash investments					
96	Dividends and interest from securities					53336
97	Net rental income or (loss) from real estate:					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income Realized Gain					42831
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					
102	Gross profit or (loss) from sales of inventory					
103	Other revenue: a					
b						
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		0		0	106857
105	**Total** (add line 104, columns (B), (D), and (E)) ▶					106,857

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.* yes

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes	☒ No

Note: *If "Yes" to* ***(b)****, file Form 8870* ***and*** *Form 4720 (see instructions).*

Part XI **Information Regarding Transfers To and From Controlled Entities.** *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		X

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

J Michael Askew
Signature of officer

Date 9/30/2010

J. Michael Askew Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	
		Phone no. ▶ ( )	

Federal Statements - 2006
Ancient Free & Accepted Masons of
Bartlesville Lodge No. 284
73-0127970
Statement 4
Form 990, Part 11, Line 22
Grants and Allocations - 2006
Tax Year 2006

Amounts include Masonic Charity foundation Matching Funds $6,174
Part 1 line 1C

	Donee's Name	Amount Given
Donee's Name:		1000
Donee's Name:		400
Donee's Name:		200
Donee's Name:		150
Donee's Name:		1373
Donee's Name:		2213
Donee's Name:		1361
Donee's Name:		1020
Donee's Name:		1416
Donee's Name:		1051
Donee's Name:		1885
Donee's Name:		1165
Donee's Name:		1539
Donee's Name:		1242
Donee's Name:		1639
Donee's Name:		1603
Donee's Name:		1500
Donee's Name:		910
Donee's Name:		1541
Donee's Name:		1829
Donee's Name:		1103
Donee's Name:		1148
Donee's Name:		1103
Donee's Name:		1000
Donee's Name:		1458
Donee's Name:		1000
Donee's Name:		1000
Donee's Name:		1000
Donee's Name:		100
Donee's Name:		100
Donee's Name:		1025
Donee's Name:		500
Donee's Name:		100
Donee's Name:		140
Donee's Name:		1058
Donee's Name:		200
Donee's Name:		100
Donee's Name:		100
Donee's Name:		200
Donee's Name:		60
Donee's Name:		3555
Donee's Name:		2790
Donee's Name:		1830
Donee's Name:		250
Donee's Name:		225
	Total	46,184

Bartlesville Masonic Lodge
Stated Meeting August 22, 2006

Officers are shown by the Secretaries minutes members are shown by the Tyler's registry.

WM:.	Craig Gordineer	SD:	Jimmy Dean
SW:	Mike Richardson	JD:	John Sitterly
JW:	Scott Owen	SS	Carl Johns Tr.
TR	W:. Mike Askew	JS:	
Sec.	Larry Stumpff	TI:	Gene Woolery
Ch:	Rex Eutsler		

The Flag salute was given by all.

The lodge was opened on the Master Mason degree at 7:40. pm in ancient form under the usual Masonic restrictions.

W:. David Carpenter a visitor was introduced and invited to the East, however he chose to set with the Brethren.

Minutes of the August 8, 2006 stated meeting and August 15, 2006 SPL Master Mason were read and approved as read..

Petitions: none

Committee Reports: none

Bills; All regular bills were paid when due, and read bills for electric $ 1,668.77, Cableone $ 76.53, Jani-King $ 335.00, Salaries $ 1,100.00, Grand Lodge $ 61.59, Albertsons Contributions Specialist $ 45.00, Ice Machine Parts $ 173.50, Lock Supply $ 92.47 and Owen Services $ 55.00.. , .
John Sitterly moved with a second by W:. Jim Ellis the bills be allowed and by a vote the bills were allowed.

Correspondence: Read a thank you note from Grant Depoy and from Kristen Secora and a letter from On The Rock Ministries, Inc.

UNFINISHED BUSINESS: Richard Sewell gave a report on our investments, we have earned $ 33,106.00 year to date..
W:. Don Smith and W:. Jim Ellis were presented Past Master ring for their year as Master.
W:. Craig read a letter from Arnold Moore about his donation to the lodge and how he wanted if used. This letter is attached and becomes part of these minutes.

NEW BUISNESS: Mike Richardson moved with a second by John Lamb the Bartlesville Lodge # 284 AF and Am as, Trustmaker, establish an Irrevocable Trust to be known as "The Bartlesville Lodge No. 284 Building Maintenance Trust Dated August 22, 2006 with Arvest Trust Company, N.A. Bartlesville, Oklahoma, as Trustee, and that the Worshipful Master of Bartlesville Lodge No 284 be hereby authorized and directed to execute said Irrevocable Trust Agreement for the Lodge and that any contributions to the Lodge, now or in the future, that are designated by the donors to said Trust shall be promptly paid to the Trustee of said Trust", and by a vote the motion prevailed.

W:. Dennis Pipher moved with a second by W:. Don Smith to hire Harold Lowry to do the cleaning of the Lodge at $ 335.00 per month..
W:. Larry Stumpff moved to amend the motion to read "contract Harold Lowery" with a second by Bob Rees, and by a vote the amendment prevailed,
and by a vote the amended motion was approved.

Constitution and Code: The senior warden read U 501 and U 502....

SICK or DISTRESSED: none

DEATH: none

GOOD OF MASONRY: W:. Dennis Pipher announced that Bro. Charles Buffington was now in his new quarters near his brother.
Scott thanked all who helped clean the building and for helping him with the meals.

ANNOUCEMENTS Next breakfast September 2, 2006 for Family Crisis and Counseling.

No further work appearing the Lodge was closed at 8:39 pm in ancient form.

SEC Larry Stumpff ---- WM Craig Gardineer

Larry Stumpff

Craig Gardineer

August 15, 2006

Bartlesville Masonic Lodge #284 AF & AM
610 NE Washington Blvd.
Bartlesville, Oklahoma 74006

Worshipful Master, Wardens and Masonic Brothers of Bartlesville Masonic Lodge #284 AF & AM:

I am very thankful that we are privileged to have one of the finest Masonic facilities in the United States, and it is my desire that we keep it that way for many years to come.

To assist in making this a continuing reality, I am enclosing herewith my personal check in the amount of $100,000.00 payable to the Bartlesville Lodge No. 284 AF & AM as a contribution to the corpus or principal of an irrevocable trust to provide income toward making such a goal a reality.

It is my understanding that a committee has been working for some time on the development of a trust document to govern the use of such funds, etc. I recently read a copy of the final draft of the proposed irrevocable trust instrument prepared by the attorney. It was titled: "The Bartlesville Lodge No. 284 Building Maintenance Trust". Please be advised I am in complete agreement with all the terms, conditions and provisions, as well as the intent as set forth in the proposed irrevocable trust instrument. It is my desire and it is my request that this contribution, in its entirety, be placed promptly in this proposed Irrevocable Trust upon execution of the Trust document by the Lodge and the Trustee.

I suppose the primary concern of almost every individual grantor of a trust or endowment is: "Will the funds, after my death, be used as I originally intended?" History is replete with situations where courts or individuals (perhaps with an agenda different than that of the donor) have significantly changed the uses of funds from that of the original purpose. The proposed Irrevocable Trust, in my opinion, very clearly states my desires and my intended uses for the principal of this gift and subsequent income there from. However, in the event there is now or might ever be any question as to my primary purpose of making this gift, please let me try to state it in very simple language: I want the income as defined in the proposed Irrevocable Trust to be used, first of all, at the exclusion of all other desires or perceived needs, for maintenance and upkeep of the Lodge building. That is my soul purpose of this gift. If there should happen to be excess funds at some time in the future, the proposed trust also addresses that situation.

Yours very truly,

Arnold Moore

Cc: Arvest Trust Company, NA (Trustee)
Committee of Trust Protectors (file)
Members of the Committee
Richard Sewell, Advisor

August 22, 2006

Motion

I move that Bartlesville Lodge No. 284 AF & AM , as Trustmaker, establish an Irrevocable Trust Agreement to be known as "The Bartlesville Lodge No. 284 Building Maintenance Trust Dated August 22, 2006" with Arvest Trust Company,N.A., Bartlesville, Oklahoma,as Trustee, and that the Worshipful Master of Bartlesville Lodge No.284 be hereby authorized and directed to execute said Irrevocable Trust Agreement for the Lodge and that any contributions to the Lodge, now or in the future, that are designated by the donors to said Trust shall be promptly paid to the Trustee of said Trust.

Federal Statements 2006
Ancient Free & Accepted Masons of
Bartlesville Lodge No. 284
73-0127970
Tax Year 2006
Statement 5 - 2006
Form 990, Part II, Line 43
Other Expenses

	(A)	(B)	(C)	(D)
		Program	Management	
	Total	Services	& General	Fundraising
Advertising	$213		$213	
Pest Control	420		420	
Lawn & Lot Maint.	2,810		2,810	
Cable & Internet	916		916	
Breakfast Benefits	11,464		-	11,464
Dare Fishing Tournament	1,076			1,076
Per Capita to Grd. Ldg.	7,241		7,241	
Degree Fees to Grd. Ldg.	85		85	
Bldg Repair & Maint.	525		525	
Dare Fishing Tournament	-			-
Membership Development	6,219		6,219	
Misc	100		100	
Brokerage Fees	12,134		12,134	
Total	$ 43,203	$ -	$ 30,663	$ 12,540

Statement 6 - 2006
Form 990, Part IV, Line 57
Land, Buildings, and Equipment
Tax Year 2006

		Accum.	Book
Category	Basis	Deprec.	Value
Furniture and Fixtures	$80,650	$69,329	$11,321
Machinery and Equipment	80,892	58,816	22,076
Buildings	1,267,854	195,459	1,072,395
Improvements	7,298	1,818	5,480
Land	36,215		36,215
Total	$1,472,909	$325,422	$1,147,487

Federal Statements - 2006
Ancient Free & Accepted Masons of
Bartlesville Lodge No. 284
73-0127970
Tax Year 2006
Statement 7
Form 990, Part V
List of Officers, Directors,Trustees, and Key Employees

Note: The Treasurer was not compensated for the last three months of 2006

Name and Address	Title and Average Hours Per Week Devoted	Compensation	Contribution to EBP & DC	Expense Account/ Other
Craig Gordineer	Worshipful Master	$0	$0	$0
Bartlesville, OK	None			
Mike Richardson	Senior Warden	0	0	0
Bartlesville, OK	None			
Scott Owens	Junior Warden	0	0	0
Bartlesville, OK	None			
Larry Stumpff	Secretary	6,900	0	0
Bartlesville, OK	20			
Mike Askew	Treasurer	4,725	0	0
Bartlesville, OK	10			
Jimmy Dean	Senior Deacon	0	0	0
Bartlesville, OK	None			
John Sitterly	Junior Deacon	0	0	0
Bartlesville, OK	None			
Carl Johns	Senior Steward	0	0	0
Bartlesville, OK	None			
Dean Coast	Junior Steward	0	0	0
Bartlesville, OK	None			
Eugene Woolery	Tyler	0	0	0
Bartlesville, OK	None			
Charles Buffington	Chaplain	0	0	0
Bartglesville, OK	None			
	Total	$11,625	$0	$0

Federal Statements 2006
Ancient Free & Accepted Masons of
Bartlesville Lodge No. 284
73-0127970
Tax Year 2006
Statement 8 - 2006
Form 990, Part IV, Line 58
Other Assets
Tax Year 2006

Perpetual Memberships	$62,983
Total	$62,983

Form **8868**
(Rev April 2007)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ► ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ► ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization Ancient Free & Accepted Masons of Bartlesville Lodge No. 284	Employer identification number 73 0127970
	Number, street, and room or suite no. If a P.O. box, see instructions. 610 NE Washington Blvd.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Bartlesville, OK 74006	

Check type of return to be filed (file a separate application for each return):

☒ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

COPY

- The books are in the care of ► J. Michael Askew

Telephone No. ► (918) 331-3831 FAX No. ► ( ) NONE

- If the organization does not have an office or place of business in the United States, check this box . . . . . ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)_____. If this is for the whole group, check this box . . . . . ► ☐. If it is for part of the group, check this box . . . . . ► ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until August 15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ► ☒ calendar year 20 06 or
- ► ☐ tax year beginning _____, 20____, and ending _____, 20____.

2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.00
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.00
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.00

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

COPY

- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box . . ▶ ☒
  Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (not automatic) 3-Month Extension of Time.** You must file original and one copy.

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return. See instructions.	Ancient Free & Accepted Masons of Bartlesville Lodge No. 284		73-0127970
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	610 NE Washington Blvd.		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	Bartlesville, OK 74006		

Check type of return to be filed (File a separate application for each return):

☒ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ J Michael Askew
  Telephone No. ▶ (918) 331-3831 FAX No. ▶ ( )
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . . . ▶ ☐. If it is for part of the group, check this box. . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until November 15, 2007.

5 For calendar year 2006 or other tax year beginning _____, 20____, and ending _____, 20____.

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension I'm requesting this extension to gather additional accounting information and documentation for a new large donation made to the lodge in 2006.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ 0.00
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0.00
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.00

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ J. Michael Askew Title ▶ Treasurer Date ▶ 8/13/2007

Notice to Applicant. (To Be Completed by the IRS)

- ☐ We **have** approved this application. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested
- ☐ Other _____

_____ By _____ _____
Director Date

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	
	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

Ancient Free & Accepted Masons of Bartlesville Lodge No. 284

73-0127970

- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box . . ▶ ☐
  Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (not automatic) 3-Month Extension of Time.** You **must** file original and one copy.

Type or print	Name of Exempt Organization		**Employer identification number**
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		

Check type of return to be filed (File a separate application for each return):

☐ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ _____
  Telephone No. ▶ (_____) _____ FAX No. ▶ (_____) _____
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . . . . . ▶ ☐ . If it is for part of the group, check this box. . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until _____, 20____.

5 For calendar year _____, or other tax year beginning _____, 20____, and ending _____, 20____.

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension _____

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**8a**	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	**8b**	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**8c**	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ J. Michael Hahn Title ▶ TREASURER Date ▶ 5-14-07

Notice to Applicant. (To Be Completed by the IRS)

☐ We **have** approved this application. Please attach this form to the organization's return.

☐ We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

☐ We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.

☐ We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.

☐ Other _____

_____ By: _____ _____
Director Date

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	**Name**
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)