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## Form 990-EZ

## **Short Form**

2008

OMB No 1545-1150

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$1,000,000 and total assets
less than \$2,500,000 at the end of the year may use this form

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

Open to Public Inspection

| Α  | For t   | or the 2008 calendar year, or tax year beginning , 2008, and ending ,   |                       |   |                      |                                | •                    |                               |   |  |
|--|---|---|-----------------------|---|----------------------|--------------------------------|----------------------|-------------------------------|---|--|
| В  | Check   | ess change Please   |                       | C Name of organization  |                      |                                |                      | mployer identification number |   |  |
| Ш  | Addres  |   |                       | · · ·   |                      |                                | 7                    | 73-6098247                    |   |  |
|  | Name  | ame change label or Number and street (or P.O. boy of mail is not delivered to street address).   Reconfession                                      |                       |   |                      | Telephone number               |                      |                               |   |  |
|  |   | nitial return type. DO DOV 697  |                       |   |                      |                                | 5001                 | 532-6458                      |   |  |
| $\vdash$   |   | Fermination See Specific Instruc-   |                       |   |                      |                                | <i>3</i> 00 <i>)</i> | 332-0430                      |   |  |
| H  |   | led return  | Instruc-<br>tions.    |   | 077 77               | 27.66                          |                      |                               | xemption                                      |  |
| 1  |   | ation pending   | L                     | POND CREEK  |                      | 3766                           |                      | mber                          | ▶ 0650  |  |
| _  |   | • Section :<br>n  | 501(c)(3<br>iust atta | organizations and 4947(a)(1) nonexempt charit<br>ch a completed Schedule A (Form 990 or 990-E | table trusts<br>Z).  | G Accounting r<br>Other (speci |                      | q. <u>X</u>                   | Cash Accrual                                  |  |
| ,  | H Check ► 1   |   |                       |   |                      |                                |                      |                               | ganization is <b>not</b><br>dule B (Form 990, |  |
| ì  |   | ızatıon type  |                       | y one) — X 501(c) (10) ◄ (insert no) 49   | 947(a)(1) or 527     | 990-EZ, or 9                   |                      |                               | idle B (Form 550,                             |  |
| K  | Chec  | <del></del>   |                       | nization is not a section 509(a)(3) supporting org  |                      | <u> </u>                       |                      |                               | at mara than                                  |  |
|  |   | 000 A retu  | rn is no              | required, but if the organization chooses to file a   | a return, be sure to | file a complete r              | eturn                | ану пс                        | nt more than                                  |  |
| _  | ınste   | ines 5b, 6l<br>ad of Form   | b, and 7<br>990-E2    | o, to line 9 to determine gross receipts, if \$1,000  | ,000 or more, file F | orm 990                        |                      | <b>►</b> \$                   | 30,997.                                       |  |
| Pa   | art I   | Reve  | enue, l               | xpenses, and Changes in Net Assets  | or Fund Balan        | ces (See the                   | nstru                | iction                        |   |  |
|  | 1   |   |                       | s, grants, and similar amounts received   |                      | ,                              |                      | 1                             | 7,995.  |  |
|  | 2   | Program   | service               | evenue including government fees and contracts  | ;                    |                                |                      | 2                             | 879.  |  |
|  | 3   | Members   | hip dues              | and assessments   |                      |                                | Ī                    | 3                             | 1,068.  |  |
|  | 4   | Investme  | nt incom              | e   |                      |                                |                      | 4                             | 8,248.  |  |
|  | 5a  | Gross am  | ount fro              | n sale of assets other than inventory   | 5a                   |                                | Ī                    | -                             |   |  |
|  | b   | Less cos  | t or othe             | r basis and sales expenses  | 5b                   |                                |                      |                               |   |  |
| Ŗ  | · · · · · · · · · · · · · · · · · · ·   |   |                       |   |                      |                                |                      | 5 c                           |   |  |
| REVENUE  | 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here    |   |                       |   |                      |                                | ПΪ                   |                               |   |  |
| N  | а   |   |                       | of contrib  |                      |                                | _                    |                               |   |  |
| Ü  |   | ep <del>orted (</del>   |                       |   | 6a                   |                                |                      |                               |   |  |
|  | b ess: direct expenses other then fundraising expenses 6b   |   |                       |   |                      |                                |                      |                               |   |  |
|  | c income Ary(loss) from angelal events and activities (Subtract line 6b from line 6a)                                 |   |                       |   |                      |                                |                      | 6 c                           |   |  |
|  | 7a Gross sales of inventory, less 66 urns and allowances 7a   |   |                       |   |                      |                                |                      |                               |   |  |
|  | b ess-cost-of-goods-sold 7b   |   |                       |   |                      |                                |                      |                               |   |  |
|  | c Gross Defra De Tobal from sales of inventory (Subtract line 7b from line 7a)  |   |                       |   |                      |                                |                      | 7 c                           |   |  |
|  | 8 Other revenue (describe ► See Other Revenue Statement )   |   |                       |   |                      |                                |                      | 8                             | 12,807.                                       |  |
|  | 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)   |   |                       |   |                      |                                | -′ ⊾¦                | 9                             | 30,997.                                       |  |
|  |   |   |                       |   |                      |                                |                      | 10                            |   |  |
|  |   |   |                       |   |                      |                                |                      | 11                            | 16,898.                                       |  |
| E  | 1 .   | ·   |                       |   |                      |                                |                      |                               | 2,186.  |  |
| è  |   | <ul><li>12 Salaries, other compensation, and employee benefits</li><li>13 Professional fees and other payments to independent contractors</li></ul> |                       |   |                      |                                |                      |                               | 300.  |  |
| X P E N S E  | 14 Occupancy, rent, utilities, and maintenance  |   |                       |   |                      |                                | -                    | 13                            | 7 205   |  |
| Ě  | 15 Printing, publications, postage, and shipping  |   |                       |   |                      |                                | F                    | 15                            | 7,205.  |  |
| S  | 16 Other expenses (describe ► )   |   |                       |   |                      |                                |                      |                               | 256.  |  |
|  | 1   | 17 Total expenses (add lines 10 through 16)   |                       |   |                      |                                |                      | 16<br>17                      | 26 045  |  |
|  | -   |   |                       |   |                      | <del></del>                    |                      |                               | 26,845.                                       |  |
| Α  | 18 Excess or (deficit) for the year (Subtract line 17 from line 9)  |   |                       |   |                      |                                |                      | 18                            | 4,152.  |  |
| NS   | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year           |   |                       |   |                      |                                |                      |                               | 276 062                                       |  |
| N S E T S  | 20  | figure reported on prior year's return)  20 Other changes in net assets or fund balances (attach explanation)  See L-20 Stmt.                       |                       |   |                      |                                |                      | 19                            | 376,862.                                      |  |
|  |   |   |                       |   |                      | -2u Stmt.                      |                      | 20                            | <u>-46,303.</u>                               |  |
| Pa   | 21 Net assets or fund balances at end of year. Combine lines 18 through 20  |   |                       |   |                      |                                |                      | 21                            | 334,711.                                      |  |
| Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ |   |   |                       |   |                      |                                |                      |                               |   |  |
|  |   |   |                       | (See the instructions for Part II )   |                      | (A) Beginning                  |                      |                               | (B) End of year                               |  |
|  |   | sh, savings   |                       | vesiments   |                      | _195,                          |                      |                               | 153,711.                                      |  |
| 23   |   | Land and buildings 181,000  |                       |   |                      |                                |                      | 181,000.                      |   |  |
| _  | ` <del></del> '   |   |                       |   |                      |                                | 0.                   |                               | 0.  |  |
| 25   |   |   |                       |   |                      |                                |                      | 334,711.                      |   |  |
| 26<br>27   | Total liabilities (describe > 0  Net assets or fund balances (line 27 of column (B) must agree with line 21)  376,862 |   |                       |   |                      | 0.                             | 26                   | 334,711.                      |   |  |
| ~/   | 1151  | ・ ひつつじにつ ひげ   | iunu Da               | iances (inic 27 of column (O) must agree with lif   | IC 2   1             | 1 3/b.                         | OUL.                 | 14/1                          | JJ4,/11.                                      |  |

| Par              | III   Statement of I  | <u>Program Ser</u> | vice Accomplishments           | (See the instruction   | ons.)                 |        | Expenses                        |
|------------------|---|--------------------|--------------------------------|------------------------|-----------------------|--------|---------------------------------|
| What is          | s the organization's primary exem   | (Req               | uired for 501(c)(3)            |                        |                       |        |                                 |
|                  | Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each |                    |                                |                        |                       |        | (4) organizations and           |
| descr            | escribe the services provided, the number of persons benefited, or other relevant information for each program title  |                    |                                |                        |                       |        | (a)(1) trusts, optional thers ) |
|                  |   | • 4TH OF           | THE PONTETON \$250             | · MACONIC VETC         | \$50.                 | 10, 0  | incro /                         |
| 20               | BOY SCOUTS, \$40; 4TH OF JULY DONATION, \$250; MASONIC VETS \$50; COUNTY FAIR PARADE DONATION, \$368; OETA GRANT, \$200;  |                    |                                |                        |                       |        |                                 |
|                  | COUNTI FATE PARA  | ADE DONAL          | LON, \$368; OETA GRA           | NT, \$200;             |                       |        |                                 |
|                  |   |                    |                                |                        |                       |        | 000                             |
|                  | (Grants \$  |                    | is amount includes foreign gra |                        | <u> </u>              | 28 a   | 908.                            |
| 29               |   |                    | \$250; TEACHER OF T            |                        |                       |        |                                 |
|                  | SPRING JR. LIVES  | <u>STOCK, \$2</u>  | 500; FALL LIVESTOC             | K_SHOW,450;            |                       |        |                                 |
|                  | 6_COLLEGE_SCHOLA  | ARSHIPS, S         | 1545; YOUTH SINGE              | RS <b>, \$</b> 300.    |                       |        |                                 |
|                  |   |                    | is amount includes foreign gra |                        |                       | 29 a   | 10,290.                         |
| 30               | BROCK GIBSON MEI  | DICAL, \$25        | 50; MICHAEL TAYOR              | MEDICAL, \$500;        |                       |        |                                 |
|                  |   |                    | ON FIRE HELP, \$500            |                        |                       |        |                                 |
|                  | ESSAY AWARDS, \$  |                    |                                |                        |                       |        |                                 |
|                  |   |                    | is amount includes foreign gra | ants, check here       |                       | 30 a   | 5,700.                          |
| 31               | Other program services (a   |                    |                                |                        | 11                    |        |                                 |
|                  | (Grants \$  |                    | is amount includes foreign gra | ants, check here       | ▶ □                   | 31 a   |                                 |
| 32               | Total program service ex  |                    |                                |                        | •                     | 32     | 16,898.                         |
| Par              |   |                    | Trustees, and Key Em           | plovees. (List each oi | ne even if not com    | pensa  |                                 |
|                  | <del> </del>  |                    | (b) Title and average hours    | (c) Compensation (If   | (d) Contributions     |        | (e) Expense account             |
|                  | (a) Name and addre  | ess                | per week devoted               | not paid, enter -0)    | employee benefit plar | is and | and other allowances            |
|                  |   |                    | to position                    |                        | deferred compensa     | tion   |                                 |
|                  | IL_HOAR   |                    |                                |                        |                       |        |                                 |
|                  | E. BROADWAY   |                    | SECRETARY                      |                        |                       |        |                                 |
|                  |   | OK 73766           | 2.00                           | 300.                   |                       | 0.     | 0.                              |
| RAN              | <u>DY_CZAPANSKY</u>   |                    |                                |                        |                       |        |                                 |
| 520              | EASH  |                    | WORSHIPFUL MASTER              |                        |                       |        |                                 |
| PON              | D CREEK   | OK 73766           | 1.00                           | 0.                     |                       | 0.     | 0.                              |
| STE              | VE_WILSON   |                    |                                |                        |                       |        |                                 |
|                  | E. ERIE   |                    | TREASURER                      |                        |                       |        |                                 |
|                  |   | OK 73766           | 1.00                           | 0.                     |                       | 0.     | 0.                              |
| $\overline{}$    | NIS SCHULTZ   |                    |                                |                        |                       |        |                                 |
| RR               | <del>-</del>  |                    | SR. WARDEN                     |                        |                       |        | •                               |
|                  | D CREEK   | OK 73766           | 1.00                           | 0.                     |                       | 0.     | 0.                              |
| LON              | <u>B CREEK</u>  | OK 75700           | 1.00                           |                        |                       | ٠.     | <u> </u>                        |
|                  |   |                    |                                |                        |                       |        |                                 |
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|                  |   | ]                  |                                |                        |                       |        |                                 |
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| BAA              |   |                    | TEEA0812 0                     | 1/14/09                |                       |        | Form 990-EZ (2008)              |

Form 990-EZ (2008) ANCIENT FREE & ACCEPTED MASONS OF 125 POND CREEK

73-6098247

Page 2

|   | The first information (Note the statement requirement in deficient instruction V.)   |                | Yes      | No         |  |  |
|---|--|----------------|----------|------------|--|--|
| 33  | Did the erganization engage in any activity not providely reported to the IDS2 If 'Vec' attach a detailed description of   |                | 1.03     | 110        |  |  |
| 33  | 3 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity   |                |          |            |  |  |
| 34  | Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes   | 34             |          | Х          |  |  |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T |                |          |            |  |  |
| а   | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and   |                |          |            |  |  |
|   | proxy tax requirements?  | 35a            |          | X_         |  |  |
| b   | If 'Yes,' has it filed a tax return on Form 990-T for this year?   | 35 b           |          | <u> </u>   |  |  |
| 36  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N   | 36             |          | х          |  |  |
| 37 a  | Enter amount of political expenditures, direct or indirect, as described in the instructions   |                |          |            |  |  |
| b   | Did the organization file Form 1120-POL for this year?   | 37 b           |          | X          |  |  |
| 38 a  | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?                     | 38 a           | -        | Х          |  |  |
| b   | If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b   |                |          |            |  |  |
| 39  | 501(c)(7) organizations Enter  | 1              |          |            |  |  |
| а   | Initiation fees and capital contributions included on line 9   |                |          |            |  |  |
|   | Gross receipts, included on line 9, for public use of club facilities  39b   | }              |          |            |  |  |
| <b>40</b> a   | 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under  |                |          |            |  |  |
|   | section 4911 ►, section 4912 ►, section 4955 ►   |                | -        |            |  |  |
| b   | 501(c)(3) and (4) organizations. 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,' complete Schedule L, Part I      | 40 ь           |          |            |  |  |
| _   |  |                |          |            |  |  |
|   | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958   |                |          |            |  |  |
| d   | 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   | 40 e           |          | Х          |  |  |
| 41  | List the states with which a copy of this return is filed •  |                | •        | •          |  |  |
| <b>42</b> a   | The books are in care of ► CECIL HOAR  Telephone no ► (580)  Located at ► PO BOX 164  POND CREEK  OK ZIP + 4 ► 73766   |                | -645<br> | 5 <u>8</u> |  |  |
|   |  | 1              | Yes      | No         |  |  |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. |  |                |          |            |  |  |
| c   | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  At any time during the calendar year, did the organization maintain an office outside of the U S?             | 42c            |          | X          |  |  |
| 43  | If 'Yes,' enter the name of the foreign country. ►  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  |                | ▶ []     |            |  |  |
|   | and enter the amount of tax-exempt interest received of accided during the tax year  |                | Yes      | No         |  |  |
| ДЛ  | Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead  |                | 1.55     |            |  |  |
| <del></del>   | of Form 990-EZ   | 44             | ļ        | Х          |  |  |
| 45  | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  | 45             |          | x          |  |  |
| BAA   |  | rm <b>99</b> ( | 1.F7 (   | •          |  |  |

Form 990-EZ (2008)

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. Yes No 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 46 46 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49 a 49 a Did the organization make any transfers to an exempt non-charitable related organization? b If 'Yes,' was the related organization(s) a section 527 organization? 49 b Complete this table for the 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 (e) Expense account and (b) Title and average (c) Compensation (d) Contributions to employee (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position benefit plans and deferred compensation other allowances  $\blacktriangleright$ Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (c) Compensation (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service Total number of other independent contractors receiving over \$100,000 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 Signature of office Date Here Secretury Type or print name and title Preparer's Identifying Number (See instructions) Date Check if Preparer's signature Paid employed Pre-Firm's name (or yours if self employed). Cecil J. Hoar parer's Ùse 232 E. Broadway EIN address, and ZIP + 4 Only 73766 Pond Creek OK Phone no May the IRS discuss this return with the preparer shown above? See instructions Yes No

BAA

| ANCIENT FREE & ACCEPTED MASONS OF 125 POND CREE                                   | K 73-6098247                          | 1            |
|---|---------------------------------------|--------------|
| Form 990-EZ, Part I, Line 8 Other Revenue Statement                               |                                       |              |
| Other revenue (describe)  |                                       |              |
| FARM RENTAL INCOME MINUS ASSESSMENT OF \$1433                                     | 12,707.                               |              |
| BUILDING RENT   | 100.                                  |              |
| Total   | <u>12,807.</u>                        |              |
| Form 990-EZ, Page 1, Part I, Line 20 Other Changes in Net Assets or Fund Balances |                                       |              |
| <del></del>   | <del></del>                           | <del>_</del> |
| Description   | · · · · · · · · · · · · · · · · · · · | mount        |

| Description                                    | Amount   |
|--|----------|
| LOSS ON INVESTMENT WITH EDWARD JONES & PRINCOR | -46,303. |
| Total  | -46,303. |