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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 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

OMB No 1545 1150

2008

Open to Public Inspection

Α	For the 2008 calendar year, or tax year beginning $12/01$, 2008, and ending $11/30$	
В		oloyer identification number
L	Address change Please ANCIENT FREE & ACCEPTED MASONS II 42	2-0819433
<u>_</u>	Name change label or print or BOX 471 E Tele	phone number
-	United return these ITTDTON IN COMMO	3-886-6647
-	Specific	19 000 0041
-		up Exemption
با		nber ► 0495
	 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). G Accounting method Other (specify) ► 	X Cash Accrual
1		ne organization is not Schedule B (Form 990,
'n	Organization type (check only one) — X 501(c) (10) ◀ (insert no) 4947(a)(1) or 527 990-EZ, or 990-PF,	
K	Check I if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normal	ally 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	
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990	►¢
	instead of Form 990-EZ	►\$ 66,281.
178	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instru	
	1 Contributions, gifts, grants, and similar amounts received	1 31.
	Program service revenue including government fees and contracts	2 1 221
	3 Membership dues and assessments	3 1,231.
	4 Investment income	4 65,019.
, V	5a Gross amount from sale of assets other than inventory 5a	ł
5"	b Less, cost or other basis and sales expenses 5b	_
ΞÊ	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from in 5a) (att sch)	5c
ΖĚ	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	1
SCANNED BUSINESS	a Gross revenue (not including \$ EIVED of contributions	1
J E	reported on line 1) REOL (6)	}
Z	b Less direct expenses other than fundraising expenses c Net income or (loss) from special eyents and activities (Subtractione 6b from line 6a) 7a Gross sales of inventory, less returns and allowances 7a	6-
VOV	C ivet income or (loss) from special events and activities (subtracting 60 from line 6a)	6c
-	7a Gross sales of inventory, less returns and allowances 7a 7b	}
٩	b Less cost of goods sold c Gross profit or (loss) from sales of the high subtract line 7b from line 7a)]
	C Gross profit of (loss) from sales by inventoring Sabutact fille 70 from fille 7a)	7c
2010	8 Other revenue (describe	8 66 201
<u> </u>	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 66,281.
	· · · · · · · · · · · · · · · · · · ·	10
E	\ · · · · · · · · · · · · · · · · · · ·	11
X P		12
E N	ļ · · · · · · · · · · · · · · · · · · ·	13 615.
EXPENSE) · · · · · · · · · · · · · · · · · · ·	7,437.
Š		15 1,057.
	,	16 14,306.
	 	<u>17</u> <u>23,415.</u>
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 42,866.
NS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	342 016
N S E E	figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) See Statement 2	19 342,016. 20 -2,127.
Ś		20 -2,127. 21 382,755.
6		
	art II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead (See the instructions for Part II) (A) Beginning of yea	
2	227 475	
2:	——————————————————————————————————————	23
24	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	24 8,276.
2!	240.04	
2		26 0.
2	240.016	
_	A For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.	Form 990-EZ (2008)

Form 990-EZ (2008) ANCIENT FREE & Z	ACCEPTED MASONS II		42	-081	.9433 Page 2
Part III Statement of Program Sei	rvice Accomplishments	s (See the instructi	ons)		Expenses
What is the organization's primary exempt purpose? Ch Describe what was achieved in carrying out the describe the services provided, the number of program title	aritable and Affil e organization's exempt purpo persons benefited, or other ri	iation with Grapses. In a clear and conselevant information for e	and Lodge cise manner, each	and (4947)	uired for 501(c)(3) 4) organizations and (a)(1) trusts, optional thers)
28 Student Scholarships					
				00.	0 000
(Grants \$) If the 29 Charitable Contributions	s amount includes foreign gra			28a	8,000.
(Grants \$) If the				29 a	8,025.
30 Program Service Expenses					
(Grants \$) If the	s amount includes foreign gr	ants check here		30 a	4,528.
31 Other program services (attach schedule		arita, check here		500	1,020.
(Grants \$) If the 32 Total program service expenses (add line	is amount includes foreign gra	ants, check here	<u> </u>	31 a 32	20,553.
Part IV List of Officers, Directors		nlovees (List each o	one even if not co		
(a) Name and address	(b) Title and average hours per week devoted to position		(d) Contributions employee benefit pla deferred compensa	to ns and	(e) Expense account and other allowances
Jason Wolcott	W. Master	0.		0.	0.
321 East 4th Street Tipton, IA 52772	1.00				
John Esbeck	Sr. Warden	0.		0.	0.
704 East 7th Street	1.00				
Tipton, IA 52772 Glen Hansen	Jr. Warden	0.		0.	0.
137 Hawkeye Court	1.00	0.		٠.	.
Iowa City, IA 52240 Larry Martens	Secretary	0.	-	0.	0.
1091 230th Street Tipton, IA 52772	1.00				
Brett Eggert	Treasurer	0.		0.	0.
2_Walnut_Court Tipton, IA 52772	1.00				
Richard Moon	Chaplain	0.		0.	0.
109 East 8th Street Tipton, IA 52772	1.00				
Wendell Beckley	Marshall			0.	0.
303 East 2nd Street Tipton, IA 52772	1.00		_		
					-
BAA	TEEA0812L (01/14/09			Form 990-EZ (2008)

Form	990-EZ (2008) ANCIENT FREE & ACCEPTED MASONS II	42-0819433	F	Page 3
Par	-Other Information (Note the statement requirement in General Instruction	V.)		
		<u></u>	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detaile each activity	ed description of		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of		_	$\frac{1}{X}$
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on lines 2.	, , , , , , , , , , , , , , , , , , ,		
	attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, repor proxy tax requirements?	ting, and	a	X
ŀ	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions	0.		
t	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 any such loans made in a prior year and still unpaid at the start of the period covered by this return?	or were	а	Х
t	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b	N/A	-	
39	501(c)(7) organizations Enter	14/11		
a	Initiation fees and capital contributions included on line 9	N/A		
	Gross receipts, included on line 9, for public use of club facilities.	N/A		
40 a	1501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	27./2	1	
	section 4911 ► N/A, section 4912 ► N/A, section 4955 ►	N/A		
r	•501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transa year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	ction during the	ь	
•	Enter amount of tax imposed on organization managers or disqualified persons during the			
	year under sections 4912, 4955, and 4958 LEnter amount of tax on line 40c reimbursed by the organization	0.		
		<u>0.</u>		
•	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	е	X
41	List the states with which a copy of this return is filed • None			
42 -	The books are in care of ► LARRY MARTENS Tele	phone no ► 563-886-	6617	
420	Located at > 1091 230TH STREET TIPTON IA	ZIP + 4 > 52772	004/	
ŧ	At any time during the calendar year, did the organization have an interest in or a signature or other a		Yes	No X
	financial account in a foreign country (such as a bank account, securities account, or other financial activities, enter the name of the foreign country	ccount)? 42	<u> </u>	1^
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Acco			v
•	: At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country	42	C	<u> </u>
		· · · · · ·		
				1
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 	- [N/A N/A
	and enter the amount of tax-exempt interest received of accided during the tax year	43_		и/п
		_	Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
-				+^-
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b) Form 990 must be completed instead of Form 990-EZ	(13) ⁷ If 'Yes,'		X
BAA	TEEA0812L 01/14/09	Form 9	990-EZ	(2008)

Form	990-EZ	(2008)	ANCIENT	FREE	&	ACCEPTED	MASONS	II
					_			

42-0819433

Page 4

51 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' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation 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 likely correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signal Preparer's Signature of officer. Type or print name and title Paid Preparer's signature of officer. Pa	46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to for public office? If "Yes," complete Schedule C, Part II 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)(u)" If "Yes," complete Schedule 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? 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees an received more than \$100,000 of compensation from the organization if there is none, enter "None." (a) Name and address of each employee pad more than \$100,000 from the organization of the enganization of	t answer question	ıs 46	-49
A7 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Parl II 48 Is the organization operating a school as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E 48 48 Did the organization operating a school as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E 48 48 Did the organization operating a school as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E 48 49 49 49 49 49 49 49	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)(n)? If "Yes," complete Schedule 49 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? 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees an received more than \$100,000 of compensation from the organization if there is none, enter None. (a) Name and address of each employee paid more than \$100,000 Folial number of other employees paid over \$100,000 (b) Title and waveage devoted to position (c) Complete this table for the five highest compensated independent contractors who each received more than from the organization if there is none, enter None. (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Type of service than organization of other independent contractors paid more than \$100,000 (c) Type of service the organization of the prepare has any occasion of the prepare ha		Yes	No
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51 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' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation Total number of other independent contractors receiving over \$100,000 Under penalties of perquiy, 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 Signal Preparer's Separative of officer. Type or print name and title Paid Preparer's signature of officer. Pai	Complete this table for the five highest compensated independent contractors who each received more that from the organization. If there is none, enter 'None' (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service of the independent contractors receiving over \$100,000 Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Search County of the five highest compensated independent contractors who each received more than from the organization of preparer (other than \$100,000) County of the five highest contractors and to the true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge of the five highest contractors and to the true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge of the five highest contractors and to the true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge of the five highest contractors are contractors. Check if self employees the five highest contractors are contractors. Check if self employees the five highest contractors are contractors. Check if self employees the five highest contractors are contractors. Check if self employees the five highest contractors are contractors. Check if self employees the five highest contractors are contractors. Check if self employees the five highest contractors are contractors.			
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	parer's Firm's name (or yours if self 319 Lemon Street 319 Lemon Street	D0011010		
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Only ZIP + 4 Tipton, IA 527/2 Phone no (563) 886-3650	Only ZIP + 4 Tipton, IA 52//2 Phone no		$\overline{}$	
May the IRS discuss this return with the preparer shown above? See instructions ► X Yes No	May the IRS discuss this return with the preparer shown above? See instructions BAA	Form 99		

2008 ~	Federal Stateme	ents	Page 1
Client 0111-97	ANCIENT FREE & ACCEPTED	MASONS II	42-0819433
10/14/10 Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses			01 47PM
Contract Labor Flowers/Funeral Grand Lodge Dues Information Technology Insurance Ladies Night Expense Lodge Expense Miscellaneous Telephone Utilities Write Off Loan Amount		\$ Total \$	2,370. 105. 1,230. 3,512. 1,073. 739. 1,275. 450. 442. 1,790. 1,320. 14,306.
Statement 2 Form 990-EZ, Part I, Line 20 Other Changes In Net Assets Net Unrealized Gains an	s Or Fund Balances ad Losses on Investments	Total \$	-2,127. -2,127.
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets			
Accounts Receivable		Beginning \$ 14,542. \$ Total \$ 14,542. \$	8,276.
Statement 4 Form 990-EZ, Part II, Line 26 Total Liabilities			
Rounding		$\begin{array}{c c} & \underline{\text{Beginning}} \\ & & \underline{\$} \\ & \underline{\$} \\ & \underline{1.} \\ & \underline{\$} \\ \end{array}$	_