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CHANGE OF ACCOUNTING PERIOD

Form **990-EZ**

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 $500,000 and total assets less than $1,250,000 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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 12/1/2009 , and ending 12/31/2009

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

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

C Name of organization
Ancient Free & Accepted Masons of Connecticut Grand Lodge 11 St Pa

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 795

City, town, or country State ZIP + 4
Litchfield CT 06759

D Employer identification number
06-6036107

E Telephone number

F Group Exemption Number ▶

- *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 ☒ Cash ☐ Accrual
Other (specify) ▶

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

I Website: ▶ N/A

J Tax-exempt status (check only one)– ☒ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 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 $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 4,091

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	795
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	3,296
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less: cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a 0		
	b	Less direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶)		8	0
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	4,091
Expenses	10	Grants and similar amounts paid (attach schedule)		10	0
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	400
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	2,245
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ See Attached Statement)		16	4,039
	17	**Total expenses.** Add lines 10 through 16 ▶		17	6,684
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-2,593
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	757,999
	20	Other changes in net assets or fund balances (attach explanation)		20	1,663
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	757,069

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	607,999	22	607,069
23	Land and buildings	150,000	23	150,000
24	Other assets (describe ▶)	0	24	0
25	**Total assets**	757,999	25	757,069
26	**Total liabilities** (describe ▶)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	757,999	27	757,069

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

What is the organization's primary exempt purpose? Masonic Lodge, charitable support and scholarships

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, and other relevant information for each program title

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
28	Contributions made to Grand Lodge to support Grand Lodge and help to run the Masonic Home and Hospital (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a 39
29	Scholarships given to graduating seniors from Litchfield High School and Wamogo High School Criteria is good citizenship and self improvement with hard work and continuing education in a post secondary inst No discrimination (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a 0
30	Contributions made to other Not-for-Profit 501(c)3 organizations (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a 4,000
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a 2,245
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32 6,284

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(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	(e) Expense account and other allowances
Paul Chapin 51 Hillcrest Ave Watertown CT 06795	Title master Hr/WK 1.00	0	0	0
Neil White 97 Shelbourne Dr Goshen CT 06756	Title sr warden Hr/WK 1.00	0	0	0
Art French/Bill Nelson both deceased Litchfield CT 06759	Title treasurer Hr/WK 5 00	200	0	0
Phil Birkett 395 Bantam Lk Rd Morris CT 06763	Title secretary Hr/WK 5 00	200	0	0
Tom Waugh 446 Union St Vero Beach FL 32966	Title trustee Hr/WK .25	0	0	0
Matthew Sweet 13 North St Litchfield CT 06759	Title trustee Hr/WK 25	0	0	0
Bill Manger 205 Georgetown Drive Watertown CT 06795	Title trustee Hr/WK 25	0	0	0
Tom Fredsall Wheeler Road Litchfield CT 06759	Title jr warden Hr/WK 1 00	0	0	0
Mark Dzurnak 109 Settler's Ln Torrington CT 06790	Title Sr Deacon Hr/WK 1.00	0	0	0
Kevin Creed 39 Byrnes Ave Litchfield CT 06759	Title Jr Deacon Hr/WK 1.00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK 00	0	0	0
	Title Hr/WK 00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		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 Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 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?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a 0			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ , section 4912 ▶ _____ ; section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ _____			
42 a	The organization's books are in care of ▶ Arthur Carlstrom Telephone no. ▶ (860) 567-5302			
	Located at ▶ 17 Meadow St City Litchfield ST CT ZIP + 4 ▶ 06759			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		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.**			
c	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: ▶ _____	42c		X
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			
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)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51

			Yes	No
46	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		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each receiving over $100,000 . ▶

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

▶ Arthur H Carlstrom — July 13, 2010
Signature of officer — Date

▶ Arthur H Carlstrom — July 13, 2010
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ — Date 7/13/2010 — Check if self-employed ▶ [X] — Preparer's identifying number (See instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Karen B Stronk CPA, 587 Northfield Road, Northfield, CT 06778 — EIN ▶ — Phone no ▶ (860) 283-5336

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ [ ] Yes [ ] No

Part III, Line 31 (990-EZ) - Other Program Services

	Program Service Expenses
Costs required to establish a meeting place for the Blue Lodge This is where the activities of the Lodge are conducted	
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	2,245
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
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(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
(Grants and allocations $ 0) If this amount includes foreign grants, check here ☐	0
Total 0 Total	2,245

Part I, Line 16 (990-EZ) - Other Expenses

				4,039
1	Travel	1		
2	Meals and entertainment	2		
3	Fundraising	3		
4	Amortization	4	0	
5	Conferences, conventions, and meetings	5		
6	Depreciation	6	0	
7	Depletion	7		
8	Equipment rental and maintenance	8		
9	Interest	9		
10	Supplies	10		
11	Telephone	11		
12	Unrelated business income taxes	12	0	
13	Scholarships	13		
14	Local charities (501c3s)	14	4,000	
15	Expenditures from the dire need fund	15		
16	support for grand lodge	16	39	
17		17		
18		18		
19		19		
20		20		
21		21		
22		22		
23		23		
24		24		
25		25		
26		26		
27		27		
28		28		
29		29		

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances 1,663

	Description		Amount
1	Unrealized Gain Loss	1	1,663
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	