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<∀

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

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

benefit trust or private foundation)

2009 Open to Public Inspection

OMB No 1545-0047

Yes

Form **990** (2009)

No

and ending For the 2009 calendar year, or tax year beginning ANCIENT FREE & ACCEPTED MASONS OF **Employer Identification number** Please Check if applicable C Name of organization use IRS NEW MEXICO 15 ANIMAS LODGE Address change label or 23-7144595 Doing Business As Name change print or Number and street (or P O box if mail is not delivered to street address) type Room/suite Telephone number Initial return See 505-325-3273 P O Box 599 Specific Termination 33,952 G Gross receipts \$ City or town, state or country, and ZIP + 4 Instruc 87499-0599 NM Amended return Farmington tions F Name and address of principal officer H(a) Is this a group return for Application pending affiliates? No H(b) Are all affiliates included? No Yes If "No." attach a list (see instructions) X 501(c) 10 (insert no) 4947(a)(1) or 527 Tax-exempt status Website: ► N/A H(c) Group exemption number M State of legal domicile Type of organization | X | Corporation Trust Association Other > Year of formation Part I Summary Bnefly describe the organization's mission or most significant activities Benevolence and charity-Masonic Lodge Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets 2 Check this box ▶ Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of employees (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, column 7a 0 b Net unrelated business taxable income from Form 990 ∏ 7b Current Year Prior Year E1-422 RS-OS 1,350 1,200 MAY 21 2010 Contributions and grants (Part VIII, line 1h) 7,525 7,304 Program service revenue (Part VIII, line 2g) 29,728 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11,508 13,856 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c 22,36450,111 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,350 4,950 Grants and similar amounts paid (Part IX, column (A), lines 1-3) SCANNED JUL 14 Benefits paid to or for members (Part IX, column (A), line 4) 2,100 3,875 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,251 11,891 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 17,341 22,076 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 28,035 5,023 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 347,898 356,045 20 Total assets (Part X, line 16) 23,743 26,867 21 Total liabilities (Part X, line 26) 329,178 324,155 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Part II 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 Date Here Signature of officer Secretary Dennis Herman Type or print name and Preparer's identifying number Check if Preparer's (see instructions) Paid X Weslev D. Ahornton employed > 585-26-7244 05/12/10 signature Preparer's CPA Wesley D Thornton EIN Firm's name (or yours Use Only 7700 Menaul Blvd NE Ste E Phone if self-employed) ▶ 505-889-0709 address, and ZIP + 4 Albuquerque, NM 87110-4639

May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2009)

				7144595	Page 2
		tement of Program Servi	ce Accomplishments		
1		e the organization's mission			
_	enevote	nce and charity-1	asonic rodde		
	•				
					· · ··
2	-	· · · · ·	ogram services during the year which were not li	sted on	
	•	990 or 990-EZ?			Yes X No
2		be these new services on Schedu			
3	services?	zation cease conducting, or make	significant changes in how it conducts, any progi	ram	Yes X No
	-	be these changes on Schedule O			Tes A No
4		=	each of the organization's three largest program	services by expenses	
•			d section 4947(a)(1) trusts are required to repor		
		=	enue, if any, for each program service reported	• • • • • • • • • • • • • • • • • • • •	
42	(Code) (Expenses \$	17,341 including grants of \$	3,350) (Revenue \$	
			the Organization exercis		,
			lons of a subordinate lo		
			es of benevolence and ch		
					
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
		•			
	(On do) (F	and the second of the) (Revenue \$	
4C	(Code) (Expenses \$	including grants of \$) (Revenue \$,
				•	
					
4d	• •	services (Describe in Schedule (Revenue \$,
4-	(Expenses \$	service expenses	ding grants of \$) (IVEACURE &	

DAA

	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.		.,
_	complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			٠,
	candidates for public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
_	Schedule C, Part II	4_		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		[
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		 -
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			٠,
_	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			٠
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	-		
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		<u>x</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			4.5
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>x</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			₹₽
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	_ 18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			•
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	いっちい	(2009)

	1 990 (2009) ANCIENT FREE & ACCEPTED MASONS OF 23-7144595		P	age 4
<u> P</u>	art IV Checklist of Required Schedules (continued)			<u> </u>
04	Did the control of th		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	21		х
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
22		22		х
23	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		<u> </u>	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			<u> </u>
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1 1 1		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	·	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
200	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization 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	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			1
	If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
•	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,		Į.	
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Parti	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	L	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	ļ	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	j		
	Schedule R, Part V, line 2	35	<u> </u>	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R.	1	i	1

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

Form **990** (2009)

Part VI

<u>ra</u>	it v Statements Regarding Other IRS Filings and Tax Compliance		,	
		-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
L	U.S. Information Returns Enter -0- if not applicable			
p	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. Did the association comply with backup withholding sides for second-ble asymptotic to venders and second-ble.			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	:	х
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		
2.0	Statements, filed for the calendar year ending with or within the year covered by this return 2a		-	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	 2b	-	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	1	х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a_		X
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	1 1	ľ	
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	}		
	organization solicit any contributions that were not tax deductible?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	_		
_	gifts were not tax deductible?	6b		
7_	Organizations that may receive deductible contributions under section 170(c).		1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7.	ı	
_	and services provided to the payor?	7a 7b		
b C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	/6		
٠	required to file Form 8282?	7c	Ì	
d	If "Yes," indicate the number of Forms 8282 filed during the year	- 1		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e	i	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1	
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		1	
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		1	
a	Initiation fees and capital contributions included on Part VIII, line 12	 		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]		1	
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a		1	
a			1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	1. 199 Onto the difficulty of tax-exempt interest received of decided during the year.		990	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Schedule O. See instructions.			
Sec	tion A. Governing Body and Management			
		F	Yes	No
1a	Enter the number of voting members of the governing body	_		
b	Enter the number of voting members that are independent	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_	-	.,
	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			77
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	-	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	 	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			72
	of the governing body?	7a	ļ	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached		•	
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	<u> </u>	<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	renue Code.)		r	
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	<u> </u>	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			7.5
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	 	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	<u> </u>	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	<u> </u>	
13	Does the organization have a written whistleblower policy?	13	<u> </u>	X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	15b		X.
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a				٠,
	with a taxable entity during the year?	16a	ļ	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	-	1	
	the organization's exempt status with respect to such arrangements?	16b	L	L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ Dennis Herman P O Box 599			
F	armington NM 87401			

DAA

Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization	•	sate	any (curre	nt o	ficer,	dıre	ector, or trustee		
(A) Name and Title	(B) Average	Pos	ition (C) k all 1	hat ap		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Dennis Herman										-
Secretary	8.00	<u> </u>		X				2,100	0	0
Rony Simmons										
Master	2.00			X				0	0	0
Ray Tucker										
Sr Warden	2.00			X				0	0	0
Jimmy L. Byas										
Jr Warden	2.00			X				0	0	0
Wade R. Russey, C	r.									
Treasurer	2.00			X				0	0	0
							-			
		_								

Pa	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and Title	(B) Average	Pos	ition (C) kallt	hat ap		(D) Reportable	(E) Reportable	Estı	F) mated		
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	. o compo fro organ and	eunt of ther ensation in the nization related izations		
						_								
												<u> </u>		
														
					<u>-</u>									
	Total							<u> </u>	2,100					
2	Total number of individuals (inc	cluding but not lim	nited	to th	ose	liste	d abo	ve)	 	00,000 in				
	reportable compensation from													
3	Did the organization list any for								ee, or highest compensated		3	Yes	No X	
4	employee on line 1a? If "Yes," For any individual listed on line the organization and related or	1a, is the sum of	rep	ortab	le co	mpe	ensat	ion a					x	
5	Individual Did any person listed on line 1a services rendered to the organ										5		X	
Sec	tion B. Independent Contracto	ors												
1	Complete this table for your five compensation from the organization	ation	nsate	ed inc	depe	nder	nt cor	ntrad			<u> </u>	(C)		
	Name and	(A) business address							Descrip	(B) tron of services		(C) Compensa	ation	
				_									· · · · · ·	
							_							
											<u></u>	, , , ,,,,,,		
2	Total number of independent c						to th	ose	listed above) who received			0		
DAA	more than \$100,000 in comper	isation from the c	orgar	uzati	on 🕨						<u>i</u>	orm 99 ((2009)	

Pa	rt V	III Staten	nent of Reve	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated cam	inaigns	1a					**************************************	The state of the s
unt	h	Membership du		1b				1		
₽Ę	c	Fundraising ev		1c						
jifts ar a	ď	Related organi		1d						
s, g mili		Government grants (10						
ion	f	All other contribution								
but	•	and similar amounts		1f		1,200				
ntri d o	g	Noncash contribution	t 1-1a nctuded in lines							
Se	9 h	Total. Add line				.	1,200			
- e	- ''	Total. Add line	<u> </u>			Busn. Code				
enn	2a	Memberal	hip Dues			Dusin: Gode	5,972	5,972		
Sev.	b		r Degrees				1,000			1,000
e	C	Supplier	•				332			332
ezi	d	adbhite	•							
пS	u 2					-				
Program Service Revenue Contributions, gifts, grants	•	All other press	m conuce reven							
ē.	'	f All other program service revenue g Total. Add lines 2a–2f				•	7,304			1
_				dood	a intercet		7,301			
	3	other similar ar	ome (including di	videriu	5, IIIIEIESI	, and	4	Ì		4
			•		bond pro	anada 🕇 🖯	-		-	
	4		vestment of tax-	exempi	t bona pro	ceeds			,	
	5	Royalties	(i) Book		(u) D	omenal				
	_		(ı) Real	400	(11) F	ersonal				
		Gross Rents		400						
	Ь	Less rental exps		588						
	C	Rental inc or (loss)	·	812			12 012			13,812
	d 7a	Net rental inco		-	4.3	Oth	13,812			13,612
		sales of assets	(ı) Secunties		(11)	Other				
		other than inventory								
	b	Less cost or other								
		basis & sales exps								
	С	Gain or (loss)					ł			<u> </u>
	d	Net gain or (los		г		<u> </u>				
0	8a	Gross income fro	om fundraising even	ts		ĺ				
Other Revenue		(not including \$				į				
ě			eported on line 1c)				i			
7		See Part IV, line		а						•
Ë	b	Less direct ex		þ[ŧ
	C		(loss) from fundr		events	•				<u> </u>
	9a		om gaming activities	i.						
		See Part IV, line		а						Ī
		Less direct ex		bί						
	1		(loss) from gami	ng activ	vities	•				
	10a	Gross sales of	inventory, less			İ				
		returns and all		а						
	b	Less cost of g	oods sold	ь[
	С		(loss) from sales		entory	<u> </u>		· · · · · · · · · · · · · · · · · · ·	 	
		Misc	ellaneous Revenue			Busn. Code				
	11a	Postage F	Refund				32			32
	b	Insurance	Refund				12			12
	С					<u> </u>				<u> </u>
	d	All other reven	ue			L				ļ
	е	Total. Add line	es 11a–11d			▶	44			
	12	Total Revenu	e. See instruction	ns		<u> </u>	22,364	5,972	0	15,192

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				,
	organizations in the U.S. See Part IV, line 21	2,350	2,350		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	1,000	1,000		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			<u></u>	
5	Compensation of current officers, directors,				
	trustees, and key employees		-		<u> </u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			:	
	persons described in section 4958(c)(3)(B)	- 100	0 100		
7	Other salaries and wages	2,100	2,100		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	-		<u> </u>	
9	Other employee benefits				
10	Payroll taxes	-			
11	Fees for services (non-employees)				
а	Management				
b	Legal			<u> </u>	
C	Accounting				
d	Lobbying	·			
0	Professional fundraising services See Part IV, line 17				
f	Investment management fees				-
g	Other				
12	Advertising and promotion	995	995		
13	Office expenses	993			
14	Information technology				
15	Royalties	4,584	4,584		
16 17	Occupancy Travel	1,558	1,558		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				-
20	Interest				
21	Payments to affiliates	2,277	2,277		
22	Depreciation, depletion, and amortization	519	519		
23	Insurance				
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	Supplies	1,357	1,357		
b	Telephone	526	526		
С	Dues	40	40	-	
d	Bank Service Charges	20	20		
0	Books	15	15		
f	All other expenses	a = 0.44	18 244		
25		17,341	17,341		
26	Joint costs. Check here ▶ if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
DAA	fundraising solicitation	<u></u>			Form 990 (2009)
					, ,

Form 990 (2009)

	art X	Balance Sheet			(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			-3	1	-2
	2	Savings and temporary cash investments			9,217	2	14,101
	3	Pledges and grants receivable, net	L		3		
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, directors,	trustees	, key			
		employees, and highest compensated employees Com					
		Schedule L		5			
	6	Receivables from other disqualified persons (as defined		1			
		4958(f)(1)) and persons described in section 4958(c)(3)		1			
		Part II of Schedule L		6			
Assets	7	Notes and loans receivable, net			7		
SS	8	Inventories for sale or use			8		
⋖	9	Prepaid expenses and deferred charges				9	-
	10a	Land, buildings, and equipment cost or	1				,
		other basis Complete Part VI of Schedule D	10a	106,253			
	ь	Less accumulated depreciation	10b		20,575	10c	20,056
	11	Investments—publicly traded securities				11	<u> </u>
	12	Investments—other securities See Part IV, line 11	ľ		12		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets	Ī		14		
	15	Other assets See Part IV. line 11	Ī	318,109	15	321,890	
	16	Total assets. Add lines 1 through 15 (must equal line 3		347,898	16	356,045	
	17	Accounts payable and accrued expenses			17		
	18	Grants payable			18		
	19	Deferred revenue	Ţ	23,743	19	26,867	
	20	Tax-exempt bond liabilities				20	
S	21	Escrow or custodial account liability Complete Part IV of	of Sched	ule D		21	
Liabilities	22	Payables to current and former officers, directors, truste					
豆		employees, highest compensated employees, and disq				1	
<u>a</u>		persons Complete Part II of Schedule L		İ		22	
_	23	Secured mortgages and notes payable to unrelated thir	d parties			23	
	24	Unsecured notes and loans payable to unrelated third p			V -	24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			23,743	26	26,867
S		Organizations that follow SFAS 117, check here ▶	X and				
9		complete lines 27 through 29, and lines 33 and 34.				1	
a	27	Unrestricted net assets		ĺ	324,155	27	329,178
Ba	28	Temporarily restricted net assets				28	
ᅙ	29	Permanently restricted net assets				29	
5		Organizations that do not follow SFAS 117, check h	ere ▶ [
בַ		and complete lines 30 through 34.					
S	30	Capital stock or trust principal, or current funds				30	
jet	31	Paid-in or capital surplus, or land, building, or equipmer	it fund	Ţ		31	
S 8	32	Retained earnings, endowment, accumulated income, of		unds		32	
Net Assets or Fund Balances	33	Total net assets or fund balances		Ī	324,155	33	329,178
ž	34	Total liabilities and net assets/fund balances			347,898	34	356,045

Form **990** (2009)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form 990 (2009)

SCHEDULE D · (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

	e of the organization	1	mploye	r identification number
	NCIENT FREE & ACCEPTED MASONS OF		<i>-</i>	144505
	EW MEXICO 15 ANIMAS LODGE			144595
Pa	Organizations Maintaining Donor Advised Fun the organization answered "Yes" to Form 990, P	ids or Other Similar Funds or Acc Part IV, line 6.	ounts	s. Complete if
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised		
	funds are the organization's property, subject to the organization's exclusi	ive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wr	riting that grant funds can be		
	used only for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other		
	purpose conferring impermissible private benefit?			Yes No
Pa	art II Conservation Easements. Complete if the orga	nization answered "Yes" to Form 9	90, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check al	I that apply)		
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically import	ant land	d area
	Protection of natural habitat	Preservation of certified historic stru	cture	
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservation	n	
	easement on the last day of the tax year			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic structure include	led in (a)	2c	
d			2d	
3	Number of conservation easements modified, transferred, released, extin		ınng	
	the taxable year			
4	Number of states where property subject to conservation easement is loc	ated >		
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of		_
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year		
	•			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	nservation easements during the year		
	> \$			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section		
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			Yes No
9	In Part XIV, describe how the organization reports conservation easemen	nts in its revenue and expense statement, and	i	
	balance sheet, and include, if applicable, the text of the footnote to the organization	ganization's financial statements that describ	es	
	the organization's accounting for conservation easements			
Pa	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to		nilar A	Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet wo	rks of	
	art, historical treasures, or other similar assets held for public exhibition, e			e,
	provide, in Part XIV, the text of the footnote to its financial statements tha	t describes these items		
b	If the organization elected, as permitted under SFAS 116, to report in its	revenue statement and balance sheet works	of art,	
	historical treasures, or other similar assets held for public exhibition, educ			
	provide the following amounts relating to these items			
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical treasures, or of	ther similar assets for financial gain, provide	he	
	following amounts required to be reported under SFAS 116 relating to the			
а	D		•	\$
þ	Assets included in Form 990, Part X		>	*

		EE & ACCEPT				44595	Page 2
Pa	rt III Organizations Maintaining ((continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, chec	k any of the following	that are a	ı sıgnıficant u	ise of its	
а	Public exhibition	d Loan	or exchange progran	ns			
b	Scholarly research	e Othe					
c	Preservation for future generations						
4	Provide a description of the organization's collect	ctions and explain how the	hey further the organiz	zation's e	kempt purpo	se in	
5	During the year, did the organization solicit or re	ceive donations of art, h	ustorical treasures, or	other sim	ular		□ vaa □ Na
- n-	assets to be sold to raise funds rather than to be rt IV Escrow and Custodial Arrai				seworod "	Voc" to Form	Yes No
F-8				alion ai	isweieu	165 (0101111	330, Fait
	IV, line 9, or reported an amo						
1a	Is the organization an agent, trustee, custodian	or other intermediary for	contributions or other	r assets n	ot		П., П.,
	included on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIV and	d complete the following	table			r	
							Amount
С	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on Form	990, Part X, line 21?				, , ,	Yes No
	If "Yes," explain the arrangement in Part XIV						
	ert V Endowment Funds. Comple	te if organization a	answered "Yes" t	o Form	990, Part	IV, line 10.	
		(a) Current year	(b) Prior year		years back	(d) Three years ba	ck (e) Four years back
12	Beginning of year balance			<u> </u>			
	Contributions			·			
				 	.,		
С	Net investment earnings, gains,						
_	and losses						
	Grants or scholarships			 	······································		
0	Other expenditures for facilities						
	and programs			 			
f	Administrative expenses						
9	End of year balance						
2	Provide the estimated percentage of the year er	nd balance held as					
а	Board designated or quasi-endowment	%					
b	Permanent endowment ▶						
С	Term endowment ▶ %						
3a	Are there endowment funds not in the possession	on of the organization th	at are held and admin	ustered fo	r the		
	organization by						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
ь	If "Yes" to 3a(ii), are the related organizations lis	sted as required on Sche	edule R?				3b
4	Describe in Part XIV the intended uses of the or	•					
	art VI Investments—Land, Buildin			0 Part	X line 10		
	Description of investment	(a) Cost or other basis				umulated	(d) Book value
	Description of Myodulient	(investment)	basis (othe		l .	eciation	/
	L d	(7,300			17,300
	Land	····		, 500			17,300
	Buildings		_				
	Leasehold improvements		_				·-
d	Equipment			053		06 107	0 756
	Other	L		3,953	L	86,197	2,756
Tota	I. Add lines 1a through 1e (Column (d) must equi	al Form 990, Part X, col	umn (B), line 10(c))			<u>▶</u>	20,056

Schedule D (Form 990) 2009

23-7144595

	dule D (Form 990) 2009 ANCIENT FREE & ACCEPTED MASON	S OF	23-714459	95	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements					
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements	•		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c		1	
d	Other (Describe in Part XIV)	2d		1	
е	Add lines 2a through 2d			2e]
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b		1	
	Add lines 4a and 4b	<u> </u>	, , 	4c	1
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
	Prior year adjustments	2b		1	
c	Other losses	2c		1	
d	Other (Describe in Part XIV)	2d		1	
	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		Ť	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
h	Other (Describe in Part XIV)	4b		1 !	
	Add lines 4a and 4b	40		4c	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	rt XIV Supplemental Information		**************************************	, ,	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete					
his part to provide any additional information					
ils part to provide any additional information					
	·				· -
					
	· 				_

Form 4562

Name(s) shown on return

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

▶ See separate instructions. ANCIENT FREE & ACCEPTED MASONS OF

Attach to your tax return.

Identifying number

NEW MEXICO 15 ANIMAS LODGE 23-7144595 Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses. 1 1 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (b) Cost (business use only) (c) Elected cost (a) Description of property 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction Enter the smaller of line 5 or line 8 9 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See Instr.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 14 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 519 17 MACRS deductions for assets placed in service in tax years beginning before 2009 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 18 Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (e) Convention (f) Method (a) Depreciation deduction (a) Classification of property placed in (business/investment use period only-see instructions) service 19a 3-year property ь 5-year property 7-year property d 10-year property 15-year property 20-year property S/L 25 yrs 25-year property 27 5 yrs мм S/L Residential rental property ММ S/L 27 5 yrs MM 39 yrs S/I Nonresidential real property ММ S/L Section C-Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12 vrs S/L 12-year 40 yrs ММ S/L 40-year Summary (See instructions.) Part IV Listed property Enter amount from line 28 21 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 22 519 and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs