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Short Form  
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Department of the Treasury  
Internal Revenue Service

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

Open to Public  
Inspection

A For the 2009 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

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

C Name of organization  
**ANCIENT FREE & ACCEPTED MASONS OF WASCO LODGE NO. 15**  
Number and street (or P O box, if mail is not delivered to street address)  
**PO BOX 172**  
City or town, state or country, and ZIP + 4  
**THE DALLES OR 97058**

D Employer identification number

**23-7236477**

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) ►

I Website: ► **N/A**J Tax-exempt status (check only one) —  501(c) ( 10 ) □ (insert no)  4947(a)(1) or  527

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

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 ► \$ **45,869****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	9,303
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	31,255
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6	
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
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	
8	Other revenue (describe ► <b>SEE STATEMENT 1</b> )	8	5,311
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	45,869
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	300
14	Occupancy, rent, utilities, and maintenance	14	6,000
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ► <b>SEE STATEMENT 2</b> )	16	17,919
17	<b>Total expenses.</b> Add lines 10 through 16	17	24,219
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	21,650
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	655,324
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	676,974

**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	156,773	22 182,039
23 Land and buildings		23
24 Other assets (describe ► <b>SEE STATEMENT 3</b> )	498,551	24 494,935
25 Total assets	655,324	25 676,974
26 Total liabilities (describe ► <b>SEE STATEMENT 4</b> )	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	655,324	27 676,974

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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

**What is the organization's primary exempt purpose?**

SEE STATEMENT 4

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 program title.

**Expenses**  
(Required for section  
501(c)(3) and 501(c)(4)  
organizations and section  
4947(a)(1) trusts, optional  
for others )

28 PROGRAM HELPS PROVIDE ASSISTANCE FOR FAMILIES AND  
COMMUNITY

(Grants \$  ) If this amount includes foreign grants, check here

▶ 28a 12, 115

29

(Grants \$ \_\_\_\_\_) If this amount includes foreign grants, check here

29a

30

(Grants \$  ) If this amount includes foreign grants, check here

30a

**31 Other program services (attach schedule)**

(Grants \$  ) If this amount includes foreign grants, check here

31a

**32 Total program service expenses (add lines 28a through 31a)**

32

**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
JOHNNIE OSBOURN	WRSHP MASTER	0	0	0
JOHN LONG	SR WARDEN	0	0	0
MICHAEL BENSON	JR WARDEN	0	0	0
VERN BEITO	SECRETARY	0	0	0
JOHN ADAMS	TREASURER	0	0	0

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33  Yes  No

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34  Yes  No

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 35a  Yes  No

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? 35b  Yes  No

b If "Yes," has it filed a tax return on Form 990-T for this year? 36  Yes  No

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 37a  Yes  No

37a Enter amount of political expenditures, direct or indirect, as described in the instr ► 37a  Yes  No

b Did the organization file Form 1120-POL for this year? 37b  Yes  No

38a 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  Yes  No

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Yes  No

39 Section 501(c)(7) organizations Enter 39a  Yes  No

a Initiation fees and capital contributions included on line 9 39b  Yes  No

b Gross receipts, included on line 9, for public use of club facilities 40a  Yes  No

40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_ 40b  Yes  No

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 40c  Yes  No

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 40d  Yes  No

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e  Yes  No

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 41  Yes  No

41 List the states with which a copy of this return is filed ► NONE 42a  Yes  No

42a The organization's books are in care of ► WASCO LODGE #15 AF & AM Telephone no ► 97058 42b  Yes  No

PO BOX 172  
Located at ► THE DALLES, OR ZIP + 4 ► 42c  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)? 43  Yes  No

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. 44  Yes  No

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 45  Yes  No

If "Yes," enter the name of the foreign country ► \_\_\_\_\_  
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  Yes  No

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44  Yes  No

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  Yes  No

**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.

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

	Yes	No
46		
47		
48		
49a		
49b		

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

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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

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

d Total number of other independent contractors each receiving over \$100,000 ► \_\_\_\_\_

<b>Sign Here</b>	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	
	► <i>Johnnie T. Osbourn</i>	1 3-18-2000

Signature of officer

► *Johnnie T. Osbourn*  
Type or print name and title

Date

*W. M.*

<b>Paid Preparer's Use Only</b>	Preparer's signature ► <i>R. J.</i>	Date <i>3-11-10</i>	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instr) <i>P00366453</i>
	Firm's name (or yours if self-employed) ► <i>ONSTOTT, BROEHL &amp; CYPHERS, PC</i>	► <input type="checkbox"/>	EIN <i>93-0723751</i>	
	address, and ZIP + 4 ► <i>100 E. 4TH STREET</i>	► <input type="checkbox"/>	Phone <i>541-296-9131</i>	

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

Form 990-EZ (2009)

**Federal Statements****Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
MISC INCOME	\$ 5,311
TOTAL	\$ <u>5,311</u>

**Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
EXPENSES	\$
OFFICE	592
CONFERENCES/MEETINGS	1,510
INSURANCE	767
CUSTODIAN	2,400
SCHOLARSHIPS & DONATIONS	9,307
GRAND LODGE DUES AND FEES	2,631
EASTER SERVICE	177
UNREALIZED LOSS ON INVEST	256
MAINTENANCE	279
TOTAL	\$ <u>17,919</u>

**Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets**

Description	Beginning of Year	End of Year
OTHER NOTES AND LOANS	\$ 498,551	\$ 494,935
	<u>498,551</u>	<u>494,935</u>

## Federal Statements

### Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

#### Description

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FRATERNAL ORGANIZATION DEDICATED TO HELP FAMILIES AND COMMUNITIES IN NEED OF ASSISTANCE.