

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

OMB No 1545-1150

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 \$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 , 2009, and ending ,						
B_	Check if applicable		C Name of organization		D Emt	oloyer ic	lentification number
Ц	Address change	Please use IRS	ANCIENT FREE & ACCEPTED MASONS OF 22 BU	TTE LODGE	23	-75	37099
H	Name change	label or print or	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Tele	phone r	number
Н	Initial return	type.	314 W PARK		(4	(60	498-3237
Н	Termination Amended return	Specific Instruc-	City or town, state or country, and ZIP + 4				
Н	Application pending	tions.	BUTTE MT	59701		up Ex nber	emption
ш		5014-10		G Accounting			Cash Accrual
	• Section :	501(c)(3 nust att	i) organizations and 4947(a)(1) nonexempt charitable trusts ich a completed Schedule A (Form 990 or 990-EZ).	Other (spec	:ıfy) ►		
	Mahaltas > M	7/3					anization is not
١.		I/A	nly one) — 🗶 501(c) (10) ◄ (insert no) 🔲 4947(a)(1) or 📗 527	- 1 000 C7	attach :	Scnea).	ule B (Form 990,
K			nly one) — X 501(c) (10) ◄ (insert no) 4947(a)(1) or 527 anization is not a section 509(a)(3) supporting organization and its				A
	\$25,000. A For	m 990-E	Z or Form 990 return is not required, but if the organization choos	ses to file a return,	be sure	to file	a complete return
L	Add lines 5b, 6i instead of Form	b, and 7 1990-E	b, to line 9 to determine gross receipts, if \$500,000 or more, file F	Form 990 		⊳ \$	292,851.
Pa	rt I Rev	enue,	Expenses, and Changes in Net Assets or Fund Bala	nces (See the	ınstru	ction	
			ts, grants, and similar amounts received			1	115.
			revenue including government fees and contracts		F	2	
	_		s and assessments		.	3	3,525.
~	4 Investme	nt incon	ne		Ī	4	40,268.
วูกข	5a Gross am	nount fro	m sale of assets other than inventory	248,	943.		
		t or oth	er basis and sales expenses			j	
₽ ≥	c Gain or (los	s) from s	le of assets other than inventory (Subtract line 5b from line 5a)			_5c	-73,942.
₫ ₹	6 Special ever	nts and ac	tivities (complete applicable parts of Schedule G). If any amount is from gaming, o	check here 🟲			
4	a Gross rev	venue (r	ot including \$ of contributions		_		
E	reported ()	a		l	
	b Less: dire	ect expe	nses other than fundraising expenses 61	b		l	
	c Net income	or (loss)	from special events and activities (Subtract line 6b from line 6a)			6c	
\mathbf{Z}	7a Gross sal	les of in	ventory, less returns and allowances	a			
*	b Less: cos	t of goo	ds sold	þ		1	
SCANNEL MAR &	c Gross pro	ofit or (i	oss) from sales of inventory (Subtract line 7b from line 7a)		· L	7с	
()	8 Other reven	ue (descr	be ►		_> L	8	
	9 Total reve	enue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			9	-30,034.
	10 Grants ar	nd simil	ar amounts paid (attach schedule)			10	
E	11 Benefits	paid to	or for members		r	11	
ž	12 Salaries,	other c	ompensation, and employee benefits		Ī	12	7,121.
X P E	13 P 6 850	na lees	and other payments to independent contractors			13	609.
S	14 Coccupant	cy, rent	utilities, and maintenance		ſ	14	3,387.
E	15 Printing.	publicat	ions, postage, and shipping		. [15	306.
	116 Other expen	ises Ldego	HIN SER Other Expenses Statement). [16	39,435.
	17 Total exp	enses.	Add line∰ID through 16		. ▶	17	50,858.
	18 Excess o	(delici	in the year (Subtract line 17 from line 9)		[18	-80,892.
⊔ S	19 Net asset	s or ter	e balances at beginning of year (from line 27, column (A)) (must	agree with end-of-v	vear		
N S	figure rep	ortea o	n prior year's return)		·	19	905,383.
' T S	20 Other cha	anges ir	net assets or fund balances (attach explanation)		. [20	
_				<u></u>		21	824,491.
P	art II Bala	ınce S	heets. If Total assets on line 25, column (B) are \$1,250,000 or n	nore, file Form 990	ınstead	of Fo	orm 990-EZ
			(See the instructions for Part II.)	(A) Beginning			(B) End of year
22	,			905	,801.		824,798.
23				•	0.	23	0.
24			e ►)		0.		0.
25				905	,801.		824,798.
26			ribe • See L-26 Stmt)		418.		307.
_27			alances (line 27 of column (B) must agree with line 21)	905	,383.	27	824,491.
BA	A For Privacy A	Act and	Paperwork Reduction Act Notice, see the separate instructions.				Form 990-EZ (2009)

Form 990-EZ (2009) ANCIENT FREE &	ACCEPTED MASONS OF	F 22 BUTTE LODG	E 23-	7537099	Page 2
Part III Statement of Program Se	rvice Accomplishments	(See the instruction	nns.)	Expe	nses
What is the organization's primary exempt purpose? Fx			51.0.7	(Required for s 501(c)(3) and organizations 4947(a)(1) tru	section
Describe what was achieved in carriers out the	o organization's exempt purpo	cos In a clear and con	also monnos	501(c)(3) and	(4)
Describe what was achieved in carrying out the describe the services provided, the number of	persons benefited, or other re	elevant information for e	cise manner,	organizations 4947(a)(1) tru	and section
program title.				for others.)	oto, optional
28 N/A					
				ļ	
				j	
(Grants \$) If the	is amount includes foreign gr	ants, check here	<u></u> ▶]	28 a	
29					
				Į.	
				l	
(Grants \$) If the	iis amount includes foreign gr	ants, check here	▶	29 a	
30				İ	
(Grants \$) If the	us amount includes foreign as		·	20-	
			<u>-</u>	30 a	
31 Other program services (attach schedule					
(Grants \$) If the	is amount includes foreign gr	ants, check here	▶	31 a	
32 Total program service expenses (add lii		•••		32	
Part IV List of Officers, Directors	. Trustees, and Kev Em	plovees. List each on	ne even if not comp	ensated, (See	the instrs.)
	(b) Title and average hours		(d) Contributions		ense account
(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plans	s and and other	er allowances
	to position		deferred compensati	ion	
KEVIN OLSON					
314 W PARK	WORSHIPFUL MASTER				
BUTTE MT 59701	2.00	o.		0.	
	2.00	0.		<u> </u>	
VERN NIELSEN	İ			l	
1445 SAGE	SENIOR WARDEN				
BUTTE MT 59701	2.00	l o.	ŀ	0.	
LYLE CUSSON					
	TINITOD WARDEN			i	
2820 QUINCY	JUNIOR WARDEN	_		l	
BUTTE MT 59701	2.00	0.		0.	
TERRY DAVIS		i		ļ.	
132 CLAY ST	SECRETARY			i	
BUTTE MT 59701	4.00	7,121.		0.	
20112	1.00	,,121.			
	4			ŀ	
	1				
	<u> </u>				
	1				
	1			1	
	 			 -	
	-		l	l l	
				f	
	1		[
· · · · · · · · · · · · · · · · · · ·					
	1		1		
	4		1		
	1		1		
	1	1	1	1	
···	 	ļ	1		
	1			1	
]		1	1	
	1				
					
	1	1	1	1	
	1		1	1	
	<u> </u>		<u>† </u>	1	
	1]	}		
	1]			
	<u> </u>	L	<u> </u>	<u> </u>	
BAA	TEEA0812 0	01/30/10		Form	990-EZ (2009)

,			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
24	each activity	33 34		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		
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?	35 a 35 b		<u>x</u>
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the	335		
	year? If 'Yes,' complete applicable parts of Schedule N	36		<u>x</u>
	a Enter amount of political expenditures, direct or indirect, as described in the instructions O. 37a O.] 37Ь		v
	b Did the organization file Form 1120-POL for this year?	3/0		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
ı	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved			İ
39	Section 501(c)(7) organizations. Enter:			ĺ
	a Initiation fees and capital contributions included on line 9			İ
	b Gross receipts, included on line 9, for public use of club facilities	i		
70.	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	40 ь		
1	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	40.0		
1	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
1	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e		×
41	List the states with which a copy of this return is filed >			
A2	a The organization's			
-12	books are in care of F TERRY DAVIS Telephone no. F (406)	498	<u>-32</u> 3	37
	Located at - 132 CLAY STBUTTEMT ZIP + 4 - 59701			
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a		Yes	No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country:	42b		<u>x</u>
	in res, enter the name of the foreign country.			I I
				: !
	Continue to the second of the	}		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. • At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		x
	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			
			Yes	No
44				
	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
BA		rm 99)-EZ	

	990'EZ (2009) ANCIENT FREE & ACC				23-753		P	age 4
Part	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	ction 494/(a)(1) no	nexempt cha	empt chai ritable tru	sts must answe	i ly. All se r questio	ction ns	,
	Did the organization engage in direct or indirect for public office? If 'Yes,' complete Schedule C	C, Part I			osition to candidates	46	Yes	No
	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3							
	Did the organization make any transfers to an If 'Yes,' was the related organization a section		related organizat	ion?		49 a 49 b		
50	Complete this table for the organization's five employees) who each received more than \$10	highest compensated en 0,000 of compensation t	nployees (other from the organiz	than officers, ation. If there	directors, trustees is none, enter 'Nor	and key ne.'		
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensa	tion (d) Co	ontributions to employee benefit plans and ferred compensation	(e) Ex	pense nt and owances	5
N/A								
							•	
f	Total number of other employees paid over \$1	00,000 .						
51	Complete this table for the organization's five compensation from the organization. If there is	highest compensated inc s none, enter 'None.'	dependent contra	actors who e	ach received more t	han \$100,0	000 of	
	(a) Name and address of each independent conf	ractor paid more than \$100,000)	(b) T ₃	/pe of service	(c) Comp	ensatio	n
N/A								
								

<u>N/A</u>									
						, , , , , , , , , , , , , , , , , , , ,			
d Tota	I number of oth	er independent contra	actors each receiving or	ver \$100,000	▶				
Sign Here	Signature of	etans II	ve examined this return, includes a payer (other than officer) is be	ased on all information			-08-		
Paid	Preparer's signature	name and tiple /	Quint		Date 03/07/10	Check if self-		s Identifying ructions)	_
Pre- parer's Use	Firm's name (or yours if self-employed), address and				EIN 81 - 0-19620				
Only	address, and ZIP + 4	BUTTE		MT	59701-1380	Phone no	(406) 7	23-32	66
	RS discuss this	return with the prepar	er shown above? See	instructions	<u> </u>		▶	Yes	No
BAA							For	m 990-E	Z (2009

Form **990-EZ** (2009)

Form 990-EZ Part II

Other Assets and Liabilities

2009

418.

307.

Name as Shown on Return ANCIENT FREE & ACCEPTED MASONS OF 22 BUTTE LODGE		Employer Identifica 23-7537099		
Line 24 - Other Assets:	Beginnin of Year	- 1		
			·	
Totals to Form 990-EZ, Part II, line 24				
Line 26 - Total Liabilities:	Beginnin of Year	- 1		
Payroll taxes	4:	18.	307.	

TEEW1801 SCR 02/11/10

Totals to Form 990-EZ, Part II, line 26

Form 9	990-EZ,	Part I	, Line	16
Other I	Expens	es Sta	temer	nt

Other expenses (describe)	
Payroll taxes	610.
Worker's compensation	82.
Gifts	1,037.
Donations	1,880.
Office expense	3,353.
Advertising	167.
Refreshment	3,744.
Per capita	1,815.
Scholorships	25,000.
Grand Lodge expenses	1,651.
Foreign taxes	77.
Visitation	19.
Total	39,435.