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Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder 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.

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

, 20

B Check if applicable:

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

C Name of organization  
Please use IRS label or print or type.  
See Specific Instructions.

ANCIENT FREE AND ACCEPTED MASON'S OF SAN JUAN #25

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
P.O. Box 1150

City or town, state or country, and ZIP + 4  
AZTEC, NM 87410-1150

D Employer identification number  
23-7590713

E Telephone number  
505-326-5656

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: ►

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

J Tax-exempt status (check only one) —  501(c) (1D) (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 ► \$ 408,653

## 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 9430
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3 1180
	4 Investment income . . . . .	4 36482
	5a Gross amount from sale of assets other than inventory . . . . .	5a 280041
	b Less: cost or other basis and sales expenses . . . . .	5b 280824
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c (177)
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	
	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 ► oil and gas Royalties ) . . . . .	8 81,314
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ►	9 127829
Expenses	10 Grants and similar amounts paid (attach schedule) . . . . .	10 53959
	11 Benefits paid to or for members . . . . .	11 200
	12 Salaries, other compensation, and employee benefits . . . . .	12 11290
	13 Professional fees and other payments to independent contractors . . . . .	13 5141
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 21373
	15 Printing, publications, postage, and shipping . . . . .	15 408
	16 Other expenses (describe ► SCHEDULE / ) . . . . .	16 24646
	17 Total expenses. Add lines 10 through 16 . . . . . ►	17 117617
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 10212
	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 1595666
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20 1605878
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ►	21 1605878

## 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 . . . . .	894614	22 903957
23 Land and buildings . . . . .	696252	23 698121
24 Other assets (describe ► NOTE RECEIVABLE ) . . . . .	4800	24 3800
25 Total assets . . . . .	1595666	25 1605878
26 Total liabilities (describe ► ) . . . . .	-	26 -
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	1595666	27 1605878

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

What is the organization's primary exempt purpose? SEE SCHEDULE 2

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  
(c)(3) and 501(c)(4)  
organizations and section  
7(a)(1) trusts; optional  
others.)

28	ACADEMIC SCHOLARSHIPS TO 8 COLLEGE STUDENTS		
(Grants \$	) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	7000
29	DONATIONS TO MISCELLANEOUS CHARITABLE ORGANIZATIONS ON A LOCAL AND NATIONAL LEVEL		
(Grants \$	) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	10774
30	ASSISTANCE TO THE DYSLEXIA SCHOOL		
(Grants \$	) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	36185
31	Other program services (attach schedule) . . . . .		
(Grants \$	) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . . ►	32	53959

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

## 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	N/A
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a		8
b Did the organization file Form 1120-POL for this year? . . . . .	37b	N/A
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	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	3800
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 . . . . .	39a	
b Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	
40a 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. ► <u>NONE</u>		
42a The organization's books are in care of ► <u>GENE SMITH</u> Telephone no. ► <u>505-326-5656</u> Located at ► <u>5303 HILL-N-DALE DR., FARMINGTON, NM</u> ZIP + 4 ► <u>87402</u>		
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 . . . . . ► <u>43</u> ► <input type="checkbox"/>		
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.

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		46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	47	X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	X
49a	Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	X
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."		

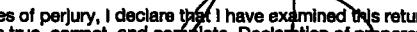
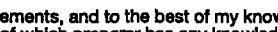
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

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
NONE		

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

Sign Here	<p>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.</p> <p>Signature of officer </p> <p>Date </p> <p>Type or print name and title </p>
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<b>Paid Preparer's Use Only</b>	Preparer's signature	<i>DB McGee CPA</i>	Date <u>5/14/10</u>	Check if self- employed <input type="checkbox"/>	Preparer's identifying number (See instructions) <u>P00172849</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4	<u>DB McGEE, PC</u> <u>521 EAST MAIN ST, FARMINGTON, NM 87401</u>	EIN <u>85-0256942</u>	Phone no. <u>505-327-3341</u>	

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

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

## **Transactions With Interested Persons**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions

OMB No. 1545-0047

2009

Open To Public  
Inspection

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**Name of the organization**

ANCIENT FREE AND ACCEPTED MASON OF SAN JUAN #25

**Employer identification number**

23: 7590713

## Part I

**Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► \$ \_\_\_\_\_  
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ \_\_\_\_\_

**Part II      Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

### **Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between Interested person and the organization	(c) Amount and type of assistance

## Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?
Yes	No			

ANCIENT FREE AND ACCEPTED MASONS OF SAN JUAN #25

23-7590713

SCHEDULE 1 - PART 1 - LINE 16

EXPENSE	AMOUNT
SUPPLIES	1,409.00
TAXES ON INVESTMENTS	7,683.00
TRAVEL	1,600.00
REFRESHMENTS & ENTERTAINMENT	2,271.00
GRAND LODGE EXPENSES	3,989.00
MISCELLANEOUS	7,694.00
<b>TOTAL</b>	<b>\$ 24,646.00</b>

**ANCIENT FREE AND ACCEPTED MASONS OF SAN JUAN #25**

**23-7590713**

**SCHEDULE 2 - PART III**

**ORGANIZATION'S EXEMPT PURPOSE**

To admit, make and pass free masons according to the constitution and by-laws for the Grand Lodge. To advance the moral and social interest of its membership. To foster good, honest industry and upright living. To cultivate the exercises of charity in its broadest sense. To assist the widows and orphans. To stimulate friendship, harmony and brotherly love.

## ANCIENT FREE AND ACCEPTED MASONS OF SAN JUAN #25

23-7590713

## SCHEDULE 3 - PART IV - PAGE 2

Name and Address	Title and ave hr per week	Compensation	Contributions to employee benefit plan & def comp	Expense account and other allowances
E. Gene Smith 5303 Hill-n-Dale Farmington, NM 87402	Treasurer 15 hrs	\$5,220	0	0
Roy D. Lynch 30 Road 2595 Aztec, NM 87410	Secretary 15 hrs	\$6,097	0	0
Terry Lloyd PO Box 6653 Navajo Dam, NM 87419	Worshipful Master 10 hrs	0	0	0
Darryl L. Dunlap 3425 N. Monterey Farmington, NM 87401	Senior Warden 2 hrs	0	0	0
William Pouge 1551 NM 170 La Plata, NM 87418	Junior Warden 2 hrs	0	0	0
Charles Howard 64 Road 3118 Aztec, NM 87410	Trustee 1 hr	0	0	0
Wade Russey 1202 North Carlton Ave Farmington, NM 87401	Trustee 1 hr	0	0	0
Wayne Morrison 1012 Delhi Terrace Farmington, NM 87401	Trustee 1 hr	0	0	0