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Form **990-EZ**

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*

OMB No 1545-1150

2009

Open to Public Inspection

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

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

C Name of organization
FREE & ACCEPTED MASONS OF TN, HILL CITY LODGE # 603

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P. O. BOX 4001

City or town, state or country, and ZIP + 4
CHATTANOOGA, TN 37405-0001

D Employer identification number
62-6044417

E Telephone number
423-266-3243

F Group Exemption Number ▶ 0519

• ***Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).***

G Accounting Method ☑ Cash ☐ Accrual
Other (specify) ▶

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

I Website: ▶

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

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $

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	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	5315
	4	Investment income		4	46237
	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 ▶ ☐			
	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 ▶ MISCELLANEOUS)		8	2
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	51553
Expenses	10	Grants and similar amounts paid (attach schedule)		10	2721
	11	Benefits paid to or for members		11	1800
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	125
	14	Occupancy, rent, utilities, and maintenance		14	22703
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶ SCHEDULE 1)		16	16877
	17	**Total expenses.** Add lines 10 through 16 ▶		17	44226
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	7328
	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	281722
	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	289050

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	218029	22	232900
23	Land and buildings	63693	23	56150
24	Other assets (describe ▶)		24	
25	**Total assets**	281722	25	289050
26	**Total liabilities** (describe ▶)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	281722	27	289050

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

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28	(Grants $) If this amount includes foreign grants, check here ▶ ☐	28a	
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
David Glenn Smotherman **40 1/2 Frazier Avenue, Chattanooga, TN 37405**	**Worshipful Master**	**-0-**		
Richard Dean Gilbert **1803 Angle Drive, Signal Mountain, TN 37377**	**Senior Warden**	**-0-**		
Jeremy Hue Husk **102 Martin Road, Chattanooga, TN 37415**	**Junior Warden**	**-0-**		
Michael Jason Thompson **183 County Line Road, Signal Mountain, TN 37377**	**Treasurer**	**-0-**		
Bob G. Ball **1919 Julian Ridge Road, Chattanooga, TN 37421**	**Secretary**	**-0-**		
Floyd Vincent West **3737 Valerian Drive, Chattanooga, TN 37415**	**Tiler**	**-0-**		

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
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?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a N/A			
b	Did the organization file **Form 1120-POL** for this year?	37b		
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		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
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 ▶ NONE			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ NONE			
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		✓

41 List the states with which a copy of this return is filed. ▶ NONE

42a The organization's books are in care of ▶ BOB G. BALL Telephone no. ▶ 423-266-3243
Located at ▶ 40 1/2 FRAZIER AVENUE, CHATTANOOGA, TN 37405 ZIP + 4 ▶ 37405-0001

			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)?	42b		✓
	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.?	42c		✓
	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		✓
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		✓

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

			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

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

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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 . . ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Bob G. Ball — Signature of officer — Date 4-23-10

▶ BOB G. BALL — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ William C. Fleming	Date 04/20/10	Check if self-employed ▶ ☑	Preparer's identifying number (See instructions) 410-48-9555	
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ WILLIAM C. FLEMING, 2919 OZARK ROAD, CHATTANOOGA, TN 37415-5909			EIN ▶	
			Phone no ▶ 423-266-8476	

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

SCHEDULE 1

HILL CITY LODGE # 603 F. & A. M.
62-6044417

SCHEDULE FOR FORM 990 - EZ
YEAR ENDED DECEMBER 31, 2009

	Totals Form 990-EZ	Line # 14 Rental	Line # 16 Lodge
PART 1 -			
Investment Income -			
Interest Income from Bank Accounts	$ 2,437		
Gross Rents from Portion of Lodge Building	43,800		
Total for Line 4	$ 46,237		
EXPENSES -			
Occupancy -			
Utilities		$ -	$ 4,792
Telephone			786
Contract Janitorial			780
Ads for Meetings			139
Refreshments / Fellowship for Meetings			1,668
Postage			468
Supplies			681
Per Capita Tax Due to Grand Lodge			2,139
Additional Assessments by Grand Lodge			1,380
Repairs and Maintenance		2,067	886
Property Taxes		13,371	
Insurance		1,988	852
Annual Report Fees (for 2 years)		40	
Depreciation		5,237	2,306
Total Expenses		$ 22,703	$ 16,877
GRANTS AND ALLOCATIONS -			
Bethel Bible Village 3001 Hamill Road, Hixson, TN 37343		$ 2,011	
Red Bank Swim Team		360	
Ooltewah Track Team		300	
Order of Rainbow for Girls This is for support of this organization, related to Free Masonry, for girls and young women.		50	
		$ 2,721	

SCHEDULE 2
62-6044417

HILL CITY LODGE # 603 F. & A. M.
SCHEDULE FOR FORM 990 - EZ
YEAR ENDED DECEMBER 31, 2009

DEPRECIATION SCHEDULE -

		Date Acquired	Cost or Basis	Prior Depr.	Life / Method	Depreciation This Year
Building		Various	$145,000	138,052	40 Yrs/SL	$ 3,625
Building Addition		1971	42,660	40,082	40 Yrs/SL	1,066
New Roof		1979	5,760	5,760	10 Yrs/SL	
Roof Coating		04/04/89	4,000	2,513	MACRS - 31.5 SL	127
Bath Room Improvements		02/19/89	1,922	1,208	MACRS - 31.5 SL	61
Furnace		11/13/89	826	826	MACRS	
Chair Lift		03/27/89	5,450	5,450	MACRS	
Heat Pump		12/1995	2,570	2,570	MACRS - 7 Yrs	
Office Furniture	FY	11/30/96	1,231	1,231	MACRS - 7 Yrs	
Air Conditioning Equipment		1998	8,185	8,185	MACRS - 7 Yrs	
Air Conditioning Equipment		1999	2,700	2,700	MACRS - 7 Yrs	
Roof Replaced		09/01/03	14,800	2,008	MACRS - 39 SL	380
Windows Replaced, Plaster Improv. & Redecorate		10/01/08	22,936	711	MACRS - 39 SL	588
Parking Lot Gate		2005	6,000	1,845	MACRS - 15 Yrs.	416
Sewer Connection Replacement		2006	16,627	3,832	MACRS - 15 Yrs.	1,280
Totals			$280,667			$ 7,543