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Form **990-EZ**

Short Form

2009

OMB No 1545-1150

Department of the Treasury 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 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			year, or tax year beginning		, 2009, and er			,
뭗	Check if applicable		C Name of organization			} [) Employ	er identification number
-	Address change	Please use IRS	ANCIENT FREE & AC	CEPTED MASONS O	F 125 PON	ND CREEK	73-0	6098247
⊢	Name change	label or		, if mail is not delivered to street a			Telepho	ne number
-	Initial return	type. See	PO BOX 687				/58/	0) 532-6458
-	Termination	Specific Instruc-	City or town, state or country, a	nd ZIP + 4	k		(30)	77 332 0430
⊢	Amended return Application pending	tions.	DOND CDEEK		01/ 70	\7.66 F		Exemption
			POND CREEK			3766	Numbe	
	• 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 X Cash Accrual Other (specify) ►							
	Mahalta. N. 1	7 / 7				H Check ► U		organization is not
ا ل	Website: ► N/A Tax-exempt status (check only one) — X 501(c) (10) ◄ (insert no) 4947(a)(1) or 527 required to attact 990-EZ, or 990-							nedule B (Form 990,
\mathbb{Z}_{K}	Check ► 📙 if	the org	anization is not a section 509	(a)(3) supporting organiza	ation and its g	ross receipts are i	normally	not more than
- 65 - 65 - 65 - 65 - 65 - 65 - 65 - 65	\$25,000 A For	m 990-E	EZ or Form 990 return is not i	required, but if the organiz	ation chooses	to file a return, be	e sure to	file a complete return
元	instead of Forr	b, and 7 n 990-E	7b, to line 9 to determine gros Z	ss receipts, if \$500,000 or	more, file For	m 990	•	\$ 25,545.
P	art I Rev	enue,	Expenses, and Change	es in Net Assets or F	und Balane	ces (See the in	structi	ons for Part I.)
			fts, grants, and similar amoui				1	8,055.
2	2 Program	service	revenue including governmen	nt fees and contracts			2	
14 A	3 Members	ship due:	s and assessments				3	734.
	4 Investme	ent incon	ne				4	7,550.
, ~L	5a Gross an	nount fro	om sale of assets other than	inventory	5a			
7	b Less co	st or oth	er basis and sales expenses		5b			
R	c Gain or (lo	ss) from sa	ale of assets other than inventory (Si	ubtract line 5b from line 5a)	,	_	5	С
Ž	6 Special eve	ents and ac	ctivities (complete applicable parts of	f Schedule G) If any amount is fi	om gaming, chec	ck here 🕨 🖹		
REVENU	a Gross re	venue (r	not including \$	of contributions	;		_	
Ĕ	reported	on line	1)		6a			
?	b Less dir	ect expe	enses other than fundraising e	expenses	6ь			
?			from special events and activities (S				6	c
	7a Gross sa	les of in	ventory, less returns and allo	owances	7a			
`	b Less co	-			7b			_
			oss) from sales of inventory (7a)		7	c
	8 Other rever	nue (descr	ibe ► See Other Revenue S	tatement) 8	9,206.
_			dd lines 1, 2, 3, 4, 5c, 6c, 7c				▶ 9	25,545.
	10 Grants a	nd signi	prior members	dule)			10	18,047.
Ε	11 Benefits	paid to l	br for members				11	1,119.
X	12 Salaries,	other co	ompensation, and employee	benefits			12	300.
E	13 Profes	al (MA	and other paymented inde	pendent contractors			13	
ŝ	14 Occupan	oy, rent,	, utilities, and mainteriance				14	5,596.
E S	15 Printing,	publicat	ions, postage, and stripping				15	116.
	16 Other expe	nses (de)	BOEN LIT)	16	
_			Add lines 10 through 16				<u>► 17</u>	25,178.
	18 Excess o	r (defici	t) for the year (Subtract line	17 from line 9)			18	367.
N	19 Net asse	ts or fun	d balances at beginning of ye	ear (from line 27, column	(A)) (must agr	ee with end-of-yea	ar -	_
E			n prior year's return)			_	19	334,711.
:			net assets or fund balances			-20 Stmt.	20	16,352.
<u> </u>			d balances at end of year Co				▶ 21	351,430.
P	art II Bala	ince 2	heets. If Total assets on line		50,000 or mor			
_	0 O		(See the instructions for	Part II)		(A) Beginning o		(B) End of year
2			nvestments				11. 2	
2		_	h			181,0	00. 2	
2		(describ	e)			0.24	
2		an (d				334,7		
2		-)			0.26	
2			alances (line 27 of column (E			334,7	11. 2	
B/	A FOR PRIVACY	uct and	Paperwork Reduction Act No	otice, see the separate ins	tructions.			Form 990-EZ (2009)

Form 990-EZ (2009) ANCIENT FREE &				-609	98247 Page 2
Part III Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)		Expenses
What is the organization's primary exempt purpose? SC	HOLARSHIP, YOUTH PRO	GRAMS; UTILITY H	ELP; CHARITY	(Reg	uired for section c)(3) and (4) nizations and section
Describe what was achieved in carrying out the describe the services provided, the number of	e organization's exempt purpo	ses In a clear and con	cise manner,	organ	nizations and section
describe the services provided, the number of program title	persons benefited, or other re	levant information for e	ach	494/	(a)(1) trusts; optional thers)
28 FIREWORK SHOW DONATION,	\$150; BOY SCOUTS, \$4	0;	-		
POND CREEK F.D., \$100; OE	TA GRANT \$200:	2/		•	
SCHOLARSHIP BANQUET, \$890	n- 2mm1/ 4500/			-	
	- -			ا مما	1 200
	is amount includes foreign gra			28 a	1,380.
29 STUDENT OF TODAY AWARD,					
SPRING JR. LIVESTOCK, \$1	840; FALL LIVESTOC	K_SHOW,450;			
6_COLLEGE_SCHOLARSHIPS, (Grants \$ 4.830.) If the					
(Grants \$ 4,830.) If th	is amount includes foreign gra	ants, check here	▶ [29 a	9,660.
30 JOHN DAHLEM AID, \$800; M					•
UTILITY HELP, \$1000; ;X-M	AC FOR NEEDY \$707	TET - 43007			
ESSAY_AWARDS, \$775.00.	HO FOR MEEDI, 3/07			-	
	is amount includes foreign gra			30 a	7,007.
		ants, check here		30 a	7,007.
31 Other program services (attach schedule			- □	المدا	
(Grants \$) If th	is amount includes foreign gra	ants, check here		31 a	10.017
32 Total program service expenses (add lin				32	18,047.
Part IV List of Officers, Directors	, Trustees, and Key Em	ployees. List each or	e even if not com	pensa	ted (See the instrs)
4.5.61	(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit pla deferred compens		and other allowances
CROTI HOAD	to position		deterred compens	ation	
CECIL HOAR					
232 E. BROADWAY	SECRETARY				
POND CREEJ OK 73766	2.00	300.		0.	0.
FORREST RIDGWAY					
10517 PRAIRIE ROSE LN	WORSHIPFUL MASTER				
ENID OK 73701	1.00	0.		0.	0.
	1.00	0.			<u></u>
STEVE WILSON	·				
301 E. ERIE	TREASURER				
POND CREEK OK 73766	1.00	0.		0.	0.
JOEL QUINN					
PO BOX 425	SR. WARDEN				
POND CREEK OK 73766	1.00	0.		0.	0.
BRYAN SCHULTZ	1100	0,			
DO BOY 624	TO MADDEN				
PO BOX 624	JR. WARDEN				_
POND CREEK OK 73766	1.00	0.		0.	
	•				
	1				
	1				
					
			<u></u>		
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	 		1		
		<u></u>	<u></u>		

Form **990-EZ** (2009)

	rt V Other Information (Note the statement requirements in the instrs for Part V.)	1		age 3
	• Other information (Note the statement requirements in the insus for Part V.)	<u>-</u>	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
	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,	1 25		
	reporting, and proxy tax requirements? b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a		Х
		330		
	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		Х
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0. b Did the organization file Form 1120-POL for this year?	37b		
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?	38 a		Х
	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b			
	Section 501(c)(7) organizations Enter			
	a Initiation fees and capital contributions included on line 9	-		
	b Gross receipts, included on line 9, for public use of club facilities a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	-		
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 b		
	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	40 e		X
	List the states with which a copy of this return is filed ►			
42	a The organization's books are in care of ► CECIL HOAR Located at ► PO BOX 164 POND CREEK OK ZIP + 4 ► 73766	_ 532	- <u>64</u> 5	58
	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)?	42b		Х
	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 a 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		- 🗆	
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х
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		х

orm	990-EZ (2009)	ANCTENT	FREE	£	ACCEPTED	PKOSKM	OF	125	POND	CREEK

73-6098247

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Part VI	Section 501(c)(3) or	ganizations ons and sect	ion 4947(a)(1) no	(a)(1) nonexemp nexempt charitat	t charitable trusts only ble trusts must answer of	. All se	ction	age 4
46 Did	the organization engage in di	rect or indirect	political campaign act	vities on behalf of or	in opposition to candidates		Yes	No
for p	d the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates r public office? If 'Yes,' complete Schedule C, Part I							
47 Did	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II							<u> </u>
48 Is th	ne organization a school as de	escribed in sect	ion 170(b)(1)(A)(ii)? If	'Yes,' complete Sche	edule E	48		
49 a Did	the organization make any tra	ansfers to an ex	empt non-charitable r	elated organization?		49a		ļ
b If 'Y	es,' was the related organiza	tion a section 5	27 organization?			49 b		
50 Com	nplete this table for the organ ployees) who each received m	zation's five hig iore than \$100,0	hest compensated em 000 of compensation f	nployees (other than or rom the organization	officers, directors, trustees an If there is none, enter 'None	d key		
	a) Name and address of each employed more than \$100,000	e paid	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accou other all	pense int and owances	5
								
f Tota	I number of other employees	paid over \$100	,000					
	pensation from the organizat				(b) Type of service	(c) Comp	ensation	
	·							
	·		·				•	
d Tota	al number of other independer	nt contractors ea	ach receiving over \$10	00,000	-			
Sign Here	Under penalties of perjury, I declar true, correct, and complete Declar Signature of officer Type or print name and title	e that I have examination of preparer (out	ed this return, including accorder than officer) is based on a	all information of which prep	atements, and to the best of my knowle arer has any knowledge	edge and b	elief, it is	<u> </u>
Paid	Preparer's signature							
Pre- parer's	Firm's name (or Cecil J	. Hoar			F7			
Use	yours if self- employed), > 232 E.	Broadway			EIN ►			
Only	address, and ZIP + 4 Pond Cr			OK 73766	Phone no ▶	_		
May the IF	RS discuss this return with the		n above? See instruct		•	Yes	П	No
BAA					F	orm 99		

ANCIENT FREE & ACCEPTED MASONS OF 125 POND CREEK	73-6098247	1
Form 990-EZ, Part I, Line 8 Other Revenue Statement		
Other revenue (describe) FARM RENTAL INCOME MINUS ASSESSMENT OF \$148433 BUILDING RENT	9,156. 50.	
Total	9,206.	
Form 990-EZ, Page 1, Part I, Line 20 Other Changes in Net Assets or Fund Balances		
Description		Amount
INVESTMENT INCOME INCREASE IN BALANCES		16,352.

Total

16,352.