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Form **990**

CHANGE OF ACCOUNTING PERIOD

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)

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

Open to Public Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2009 calendar year, or tax year beginning 8/01 2009, and ending 2009 D Employer Identification Number Check if applicable ANCIENT FREE & ACCEPTED MASONS OF IDAHO 82-0095271 Address change IRS label or print or type. GRAND LODGE E Telephone number Name change 219 N 17TH ST specific Instruc-(208) 343-4562 Initial return BOISE, ID 83702-5145 Termination 197,446. Amended return G Gross receipts \$ DAVID C TRIPLETT F Name and address of principal officer H(a) Is this a group return for affiliates? Application pending Yes No H(b) Are all affiliates included? SAME AS C ABOVE Yes No If 'No,' attach a list (see instructions) Tax-exempt status X 501(c) (8) ◀ (insert no) 4947(a)(1) or 527 Website: ► WWW.IDAHOAF.AM H(c) Group exemption number X Association L Year of Formation 1944 Trust Corporation M State of legal domicile Form of organization Part I Briefly describe the organization's mission or most significant activities _TO_RENEW, _DEVELOP, _AND_SATISFY_OUR MEMBERSHIP AS WE TEACH MORAL STANDARDS AND SUPPORT A WAY OF LIFE THAT PROMOTES Governance FELLOWSHIP, BROTHERHOOD, AND SELF-IMPROVEMENT THROUGH EXCELLENCE IN LEADERSHIP, EDUCATION, FAMILY INVOLVEMENT, CHARITY, AND COMMUNITY INVOLVEMENT. 2 Check this box ► If the organization discontinued its operations or disposed of more than 25% of its assets 3 Number of voting members of the governing body (Part VI, line 1a) 3 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 6 Total number of employees (Part V. line 2a) 5 4 6 Total number of volunteers (estimate if necessary) 0 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12. 0. 7 a b Net unrelated business taxable income from Form 990-T, line 34 7b 0. Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) 2,951. 654. 9 Program service revenue (Part VIII, line 2g) 124,437. 385. Investment income (Part VIII, column (A), lines 3, 4, and 7d) -229,831. 35,504. 4,058. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 634. Expense ANNIFO -100,682 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 39,474. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4). Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 96,168. 39,604. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) PECE11 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 125,008. 70,090. 221,176 109,694. Revenue less expenses Subtract line 18 from line 12 -321,858-70,220. RS-O 2 MAY 21 2010 End of Year Beginning of Year 1,364,294. 20 Total assets (Part X, line 16) 1,334,201 Total liabilities (Part X, line 26) 25,035 60,836. 21 OGDEN. UT 22 Net assets or fund balances Subtract line 21 from line 20 1,309,166. 1,303,458. Part II Signature Block including accompanying schedules and statements, and to the best of my knowledge and belief it is) is besed on all information of which preparer has any knowledge Sign Here Date MONTE B BOLLAR GRAND SECRETARY Type or print name and title Preparer's identifying number (see instructions) Check if self employed Paid Preparer s 5/17/10 Pre-P00091023 parer's & ASSOCIATES Firm's name (or Ùse 1010 SOUTH ORCHARD 82-0448588 Only BOISE. ID 83705 336-9449 Phone no (208)May the IRS discuss this return with the preparer shown above? (see instructions) Yes

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

Form 990 (2009)

TEEA0113L 12/29/09

	990 (2009) ANCIENT FREE & ACCEPTED MASONS OF IDAHO	82-00	9527	1		Page 2
Par	t III Statement of Program Service Accomplishments					
. 1	•					
	SEE SCHEDULE O					
•						
	Did the organization undertake any significant program services during the year which were not listed on the services during the year which were not listed on the services during the year which were not listed on the services during the year which were not listed on the services during the year which were not listed on the services during the year which were not listed on the services during the year which were not listed on the services during the year which were not listed on	he prior				
2	Form 990 or 990-EZ?	ine prior		Yes	X	No
	If 'Yes,' describe these new services on Schedule O				<u>a</u>	140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ices?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O				ت	
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	by expens	es Se	ction 5	01(c)	(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported	allocation	s to otl	ners, t	he tot	al
	Expenses, and revenue, in any, to each program service reported					
	PTST पार्टिय					
4 a	(Code	Revenue	\$		DDOI)
	TO RENEW, DEVELOP, AND SATISFY OUR MEMBERSHIP AS WE TEACH MORAL ST					<u></u>
	A WAY OF LIFE THAT PROMOTES FELLOWSHIP, BROTHERHOOD, AND SELF-IMPE EXCELLENCE IN LEADERSHIP, EDUCATION, FAMILY INVOLVEMENT, CHARITY,				<u></u>	
	INVOLVEMENT.	AND CO	MMON	<u> </u>		-
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	(Code (Expenses \$ including grants of \$ ) (F		ć			
41	(Code 15 ··· 1) (Expenses 5 Including grants of 5 )	kevenue	۰			
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4	c (Code) (Expenses \$ including grants of \$) (F	Revenue	\$)
•	/ (Expenses +)	10 7 0 1100	-			
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4 0	d Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$)	
46	e Total program service expenses ► 37,735.					

ANCIENT FREE & ACCEPTED MASONS OF IDAHO Form 990 (2009) 82-0095271 Page 3 **Checklist of Required Schedules** Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Schedule A 1 Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 2 Χ 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 3 Χ Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C. Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D. Part II 7 Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III 8 Х Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete 9 Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes, Yes10 10 Х 11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D. Parts VI. VIII, VIII, IX, or X as applicable 11 X Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII • Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 If 'Yes,' complete Schedule D, Part VIII • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D. Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 487 If Yes, 'complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII Х 12 12 A Was the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* Χ 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х X 16

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H

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ANCIENT FREE & ACCEPTED MASONS OF IDAHO Form 990 (2009) 82-0095271 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Χ Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 22 Χ Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Х 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25 24a Х b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25 a b Is the organization 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 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L. Part III 27 Χ Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV Χ 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28b Χ c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V,

line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R. Part VI

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O

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X

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Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096. Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1Ы 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 4 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return ? 3 a X b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3Ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? **4** a **b** 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 1-Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Х X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 62 X b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6Ь 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7 a b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Х Form 8282 d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal X benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f X g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make any distribution to a donor, donor advisor, or related person? 9ь 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

BAA

Form 990 (2009)

12 a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

sec	tion A.	Governing Body and Management				
		and a strategy of the garages had	اء ا		Yes	No
		number of voting members of the governing body	1a 7 1b 6	-		
		number of voting members that are independent	<u> </u>		'	
	officer, d	officer, director, trustee, or key employee have a family relationship irector, trustee or key employee?	, ,	2		X
3	Did the o	rganization delegate control over management duties customarily p s, directors or trustees, or key employees to a management compai	erformed by or under the direct supervision ny or other person?	3		Х
4	Did the o	rganization make any significant changes to its organizational docu	ments	4		X
	since the	prior Form 990 was filed?				
5	Did the o	rganization become aware during the year of a material diversion of		5		X
6	Does the	organization have members or stockholders? SEE SCHEDULE	Ξ Ο [6	X	
7 a	Does the governing	organization have members, stockholders, or other persons who mg body? SEE SCHEDULE O	ay elect one or more members of the	7 a	х	
b	Are any	decisions of the governing body subject to approval by members, st	ockholders, or other persons?SEE_SCH_O	7b	<u> </u>	
8	Did the o	rganization contemporaneously document the meetings held or writiving	ten actions undertaken during the year by			ı
а	The gove	rning body?	<u> </u>	8a	Х	
b	Each cor	nmittee with authority to act on behalf of the governing body?		8ь		Х
9	Is there a	any officer, director or trustee, or key employee listed in Part VII, Se ion's mailing address? <i>If 'Yes,' provide the names and addresses in</i>	ection A, who cannot be reached at the of Schedule O	9		Х
Sec	tion B.	Policies (This Section B requests information about	policies not required by the Internal	•		
Reve	nue Code)				
			_		Yes	No
10 a	Does the	organization have local chapters, branches, or affiliates?		10 a		X
b	If 'Yes,' o and bran	does the organization have written policies and procedures governin ches to ensure their operations are consistent with those of the orga	g the activities of such chapters, affiliates, anization?	10Ь		İ
11	Has the	organization provided a copy of this Form 990 to all members of its	governing body before filing the form?	11		Χ
11 /	A Describe	in Schedule O the process, if any, used by the organization to review	ew this Form 990 SEE SCHEDULE O		,	
12 a	Does the	organization have a written conflict of interest policy? If 'No,' go to	line 13	12a	Х	
t	Are office to conflic	ers, directors or trustees, and key employees required to disclose ar ts?	nnually interests that could give rise	12b		X
c	Does the Schedule	organization regularly and consistently monitor and enforce compli- on O how this is done	ance with the policy? If 'Yes,' describe in	12c		Х
13	Does the	organization have a written whistleblower policy?		13		X
14	Does the	organization have a written document retention and destruction pol	licy?	14		Χ
15	Did the p	rocess for determining compensation of the following persons incluicomparability data, and contemporaneous substantiation of the deli	de a review and approval by independent liberation and decision?			' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
a	The orga	nization's CEO, Executive Director, or top management official		15 a		X
Ŀ	Other off	icers of key employees of the organization		15 b		X
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O (See instruct	ions)			
16 a	Did the c entity du	rganization invest in, contribute assets to, or participate in a joint viring the year?	enture or similar arrangement with a taxable	16 a		_X_
t	in joint v	has the organization adopted a written policy or procedure requiring enture arrangements under applicable federal tax law, and taken stooth to such arrangements?	the organization to evaluate its participation eps to safeguard the organization's exempt	16 b		
Sec		Disclosures		.55		
		tates with which a copy of this Form 990 is required to be filed	ID			
18	Section 6	5104 requires an organization to make its Forms 1023 (or 1024 if ap n Indicate how you make these available. Check all that apply	plicable), 990, and 990-T (501(c)(3)s only) av	aılabl	e for p	public
		website Another's website X Upon reques	t			
19	Describe statemer	in Schedule O whether (and if so, how) the organization makes its available to the public SEE SCHEDULE O	governing documents, conflict of interest poli	cy, ar	nd fina	incial
20	State the	name, physical address, and telephone number of the person who	possesses the books and records of the orga	ınızat	ion	
1	- GRAND	LODGE A.F. & A.M. OF ID 219 N 17TH ST BOX	ISE_ID_83702-5145 (208)_343-4	<u> 1562</u>		

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Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did no	ot compen	sate a	ny c	urre	ent d	officer	, dır	ector, or trustee		
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours	Posi				hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099 MISC)	compensation from the organization and related organizations
DAVID C TRIPLETT										
GRAND MASTER	2			Χ				0.	0.	0.
DAVID E OWEN										
DEPUTY GR MAST	1			Х	L			0.	0.	0.
JAY A LEONARD										
SR GRAND WARDEN	1			X	_			0.	0.	0.
STANLEY E BARKER										
GRAND TREASURER	1			X	L			0.	0.	0.
MONTE B BOLLAR	_									
GRAND SECRETARY	40	ļ		X	<u> </u>			16,075.	0.	0.
D_DOUGLAS_LINDLEY	4									
GRAND LECTURER	1			Х	<u> </u>			0.	0.	0.
KEITH C BROOKS	. ∤								_	_
JR GRAND WARDEN	1 1		Щ.	X	<u> </u>	ļ <u>.</u>		0.	0.	0.
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(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours per week			Officer	Кеу еп	a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
1 b Total							•	16,075.	0.	0.
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se li	sted	d ab	ove;) wh	o re	ceived more than	\$100,000 in report	able compensation Yes No
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it 4 For any individual listed on line 1a, is the sum of re 	<i>ndıvıdua</i> portable	al e coi	mpe	nsa	tion	and	d oth	er compensation	from	3 X
the organization and related organizations greater tindividual										4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sc.	ompens hedule .	satio <i>J for</i>	n fr	om : :h p	any erso	unre n	elate	d organization fo	r services	5 X
Complete this table for your five highest compensa compensation from the organization	ted inde	pen	den	t cor	ntra	ctors	s tha	t received more t	han \$100,000 of	
(A) Name and business addres	SS							(B Description	of Services	(C) Compensation
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶		lımı	ited	to t	hose	e lis	ted a	above) who receiv	ved more than	

ı aı	t viii Statement of Revenue	T	(D)	I	
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1 a Federated campaigns 1 a	 	10001100		312, 313, 01 314
F S	- - - - - - - - - -	-l· \ ``'; '?``	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ΣŠ	b Membership dues 1b		· · · · · · · · · ·		· · ·
S, G	c Fundraising events 1c		1 1 . 51	- 1 T & 3	,
트웨	d Related organizations 1 d			, , ,	
[₹.	e Government grants (contributions) 1 e	7```			
8 2					
탈	f All other contributions, gifts, grants, and similar amounts not included above 1f 2, 951.	1,,,,,	- ''		
풀티	· · · · · · · · · · · · · · · · · · ·		ļ. ·		
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	g Noncash contributes included in lins 1a-1f		' ' ' ' ' ' '		
	h Total. Add lines 1a-1f	2,951.			
\ \frac{1}{2} \rightarrow \rightarrow \frac{1}{2} \rightarrow \rightarrow \frac{1}{2} \rightarrow \fra	Business Code				
₩.	2a MEMBERSHIP DUES & ASSESSMENTS 900099	385.	385.		
8	b				
5	c				
E,	d	1			
Σ	e				
PROGRAM SERVICE REVENUE	f All other program service revenue	†			
8	g Total. Add lines 2a-2f	385.	1 . 1 . 4		
-		1 303.			<u> </u>
1	3 Investment income (including dividends, interest and other similar amounts)	16,206.	į		16,206.
ļ	4 Income from investment of tax-exempt bond proceeds			 	10,200.
	5 Royalties	· · · · · · · · · · · · · · · · · · ·	- 5 5 3 3 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	31. * - 1	
	(i) Real (ii) Personal				
	6a Gross Rents		1		
}	b Less rental expenses		100		
Ì	c Rental income or (loss)				
l	d Net rental income or (loss)	-			
	(i) Securities (ii) Other	- 10 x = 1 = "	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	र १५००	
ļ	7a Gross amount from sales of assets other than inventory 177, 270.				1, -
- 1		┪, ,``'			,
İ	b Less cost or other basis and sales expenses 157, 972.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, , , , ,		ľ
				` , ` ,	
	c Gain or (loss) 19,298.				
	d Net gain or (loss)	19,298.			19,298.
	8a Gross income from fundraising events	' .		,	
N N	(not including \$				
Ę.	of contributions reported on line 1c)	, ,			
2	See Part IV, line 18				·- `
OTHER REVEN	b Less direct expenses b	1			`
5	c Net income or (loss) from fundraising events		 ` '	j'	
					
	9a Gross income from gaming activities See Part IV, line 19		* , * * * * *		
			, ,		`
		- ´	, ,		•
- 1	c Net income or (loss) from gaming activities	<u> </u>			
į	10 a Gross sales of inventory, less returns and allowances				
		√`. ~, ¨	1 1 11 11		
[b Less cost of goods sold b	4			
	c Net income or (loss) from sales of inventory	<u> </u>			
ļ	Miscellaneous Revenue Business Code]		, .	
1	11a OTHER INCOME 900099	634.	634.		
	b				
	c				
	d All other revenue.				
	e Total. Add lines 11a-11d	634.		· · · · · · · · · · · · · · · · · · ·	
1	12 Total revenue. See instructions	39,474.	1,019.	0.	35,504.
		32/3/3.	<u> </u>	ı U.	33,304.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV,		скрензез	general expenses	expenses
2	Grants and other assistance to individuals in			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `
3	the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	16,075.	16,075.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	20,408.		20,408.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,121.	1,325.	1,796.	
11	Fees for services (non-employees)				
a	Management				
t	Legal	513.		513.	
c	: Accounting	8,645.		8,645.	
C	Lobbying		·		
e	Prof fundraising svcs See Part IV, In 17			2 '	
f	Investment management fees				
Ç	Other				
12	Advertising and promotion				
13	Office expenses	1,218.		1,218.	
14	Information technology	2,574.		2,574.	ļ
15	Royalties		 		
16	Occupancy	2,328.		2,328.	
17	Travel	420.	420.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	520.	520.		<u></u>
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,449.		4,449.	
	Insurance	7,919.		7,919.	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)			. ,	
á	REPAIRS & MAINTENANCE	15,963.		15,963.	
	TRAVEL TO ANNUAL MEETING	7,549.	7,549.		
•	GRAND MASTER EXPENSE	3,444.	3,444.		
(EXPENSE REIMBURSEMENT	2,658.	2,658.		
•	DEMOLAY LEADERSHIP	2,500.	2,500.		
1	All other expenses	9,390.	3,244.	6,146.	
25	Total functional expenses Add lines 1 through 24f	109,694.	37,735.	71,959.	0
26	Joint costs. Check here ►				

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
$\overline{}$	1	Cash — non-interest-bearing		101,765.	1	17,410.
	2	Savings and temporary cash investments		80,049.	2	65,846.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		5,839.	4	1,298.
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, trustees, key employees, Il of Schedule L		5	
	6	Receivables from other disqualified persons (as define	ed under section 4958(f)(1))	11.	' "	
		and persons described in section 4958(c)(3)(B) Comp	plete Part II of Schedule L		6	
S	7	Notes and loans receivable, net			7	
ASSETS	8	Inventories for sale or use			8	
T S	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment cost or other basis.	10a 273,413.			
		Complete Part VI of Schedule D				`
	b	Less accumulated depreciation	10b 150,786.	99,894.	10 c	122,627.
	11	Investments — publicly-traded securities		1,033,393.	11	1,145,218.
	12	Investments – other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		13,261.	15	11,895.
	16	Total assets Add lines 1 through 15 (must equal line	34)	1,334,201.	16	1,364,294.
	17	Accounts payable and accrued expenses		25,035.	17	60,836.
	18	Grants payable			18	
	19	Deferred revenue			19	
Ļ	20	Tax-exempt bond liabilities			20	.
A B	21	Escrow or custodial account liability Complete Part	IV of Schedule D		21	
 - -	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified pe	stees, key employees,		- ,	,
T		of Schedule L	,		22	•
É	23	Secured mortgages and notes payable to unrelated the	nird parties		23	
	24				24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		25,035.	26	60,836.
N E T		Organizations that follow SFAS 117, check here ► 27 through 29 and lines 33 and 34.	X and complete lines	N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	· ,
A	27	Unrestricted net assets		772,214.	27	767,865.
Š	28	Temporarily restricted net assets		129,334.	28	127,975.
S T S	29	Permanently restricted net assets		407,618.	29	407,618.
Q R		Organizations that do not follow SFAS 117, check he	ere > and complete	10,7010.	1,	101/0201
		lines 30 through 34.	and complete			
FUZD	30	Capital stock or trust principal, or current funds			30	-
	31	Paid-in or capital surplus, or land, building, and equip	oment fund		31	
Ã	32	Retained earnings, endowment, accumulated income			32	
Ň	33	Total net assets or fund balances	, or other fullus	1,309,166.	33	1,303,458.
BALAZCES	34	Total liabilities and net assets/fund balances		1,334,201.	34	1,364,294.
BA		ויינמו וומטווווופי מווע זופר מסטפוטיועווע טמומוועפט		1,004,201.		Form 990 (2009)

TEEA0111L 01/30/10

						ACCEPTED		OF	IDAHO		82-00	95271		Pa	age 12
Part	ΧI	Finai	nciàl State	ments	an	d Reporting	3								
														Yes	No
1	Acco	unting m	nethod used	to prepa	re t	ne Form 990	Cash	Χ	Accrual	Other			3 .		<u> </u>
	If the	organiz	ation change	d its me	tho	d of accounting	a from a pr	IOT VE	ear or check	ed 'Other ' evoluin			-	. ,	·.,

		Yes	No
1 Accounting method used to prepare the Form 990 \square Cash \square Accrual \square Other	٠.,		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		- ;	7.
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		-	
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
$\overline{\mathrm{X}}$ Separate basis $\overline{}$ Consolidated basis $\overline{}$ Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3 a		x
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	dit 3b		

BAA

Form **990** (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Employer Identification number

Open to Public Inspection

	CIENT FREE & ACCEPTED MASONS C AND LODGE	F IDAHO		82-0095271	
Par		r Advised Funds or Other Similar Fun	ds or Acco		ıf
· u.	the organization answered 'Yes' t	o Form 990. Part IV. line 6.	us of Acci	builts Complete	"
		(a) Donor advised funds	(h) F	unds and other acco	
1	Total number at end of year	(a) bollot davided lands		arias aria otrici acco	, dints
2	Aggregate contributions to (during year)		·· ·		
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
	funds are the organization's property, subject	· · · · J · · · · · · · · · · · · · · · · · · ·		Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	rs, and donor advisors in writing that grant fund the benefit of the donor or donor advisor or for efit??	ds may be any other	☐Yes	□No
Par		ete if the organization answered 'Yes'	to Form 90		
	Purpose(s) of conservation easements held by		10 1 01111 33	o, raitiv, inic	/ · · · · · · · · · · · · · · · · · · ·
•	Preservation of land for public use (e.g., r		of an historica	ally important land a	area
	Protection of natural habitat	· · · 🛏		storic structure	iica
	Preservation of open space		, certified in	storic structure	
2		on held a qualified conservation contribution in	the form of a	a conservation ease	ment on the
				Held at the End of	the Year
a	Total number of conservation easements		2 a		
ŧ	Total acreage restricted by conservation ease	ments	2 b		
C	: Number of conservation easements on a certi	fied historic structure included in (a)	2 c		
c	Number of conservation easements included i	n (c) acquired after 8/17/06	2 d		
3	Number of conservation easements modified,	transferred, released, extinguished, or terminal	ted by the or	ganization during th	e tax
	year ▶				
4	Number of states where property subject to co	onservation easement is located >	_		
5	Does the organization have a written policy re and enforcement of the conservation easeme	garding the periodic monitoring, inspection, hai	ndling of viol	ations, Yes	□No
6		ng, inspecting, and enforcing conservation ease	ements		
7	Amount of expenses incurred in monitoring, if during the year ▶	nspecting, and enforcing conservation easemen	ts	· · · · · · · · · · · · · · · · · · ·	-
8	Does each conservation easement reported o 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ction	Yes	☐ No
9	In Part XIV, describe how the organization report include, if applicable, the text of the footnote conservation easements	s conservation easements in its revenue and experto the organization's financial statements that c	nse statement lescribes the	, and balance sheet, a organization's acco	and unting for
Pai	rt III Organizations Maintaining Colle	ctions of Art, Historical Treasures, or	Other Sin	nilar Assets	
	Complete if the organization ans	wered 'Yes' to Form 990, Part IV, line	8.		
1 8		r SFAS 116, not to report in its revenue statem lic exhibition, education, or research in furthera ents that describes these items			
t	o If the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items	r SFAS 116, to report in its revenue statement lic exhibition, education, or research in furthera	and balance ince of public	sheet works of art, c service, provide the	historical e following
	(i) Revenues included in Form 990, Part VIII	, line 1		> \$	
	(ii) Assets included in Form 990, Part X			►\$ ►\$	
2	If the organization received or held works of a amounts required to be reported under SFAS	irt, historical treasures, or other similar assets t 116 relating to these items	or financial o	gain, provide the foll	lowing
á	a Revenues included in Form 990, Part VIII, line	e 1		► \$	
	Assets included in Form 990, Part X			► \$	

Schedule D (Form 990) 2009 ANCIE					82-009		Page 2
Part III Organizations Mainta	ining Collect	ions of Art, Hi	storical Tr	easures, or	Other Similar Ass	ets (contir	าued)
3 Using the organization's acquisitionity (check all that apply)	on accession ai				nat are a significant us	e of its collec	ction
a Public exhibition		—		ige programs			
b Scholarly research		e U Ot	her				
c Preservation for future gener 4 Provide a description of the orga		tions and explain	how they fur	ther the organiz	zation's exempt purpos	se in	
Part XIV 5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or re	ceive donations o	f art, historic	al treasures, or	other similar	Yes	No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangeme	nts Complete	ıf organıza				
1 a Is the organization an agent, trus included on Form 990, Part X?				ibutions or othe	er assets not	Yes	No
b If 'Yes,' explain the arrangement	in Part XIV and	d complete the fol	lowing table				
						Amount	
c Beginning balance					1c		
 d Additions during the year e Distributions during the year 					1 d		
f Ending balance					16		
2a Did the organization include an a	mount on Form	990 Part Y line	217		L! '_J	Yes	No
b If 'Yes,' explain the arrangement		330, 1 art X, iiric	۲,		1		
Part V Endowment Funds Co		anization ansv	vered 'Yes	to Form 990	0, Part IV, line 10.		
	(a) Current ye			c) Two years back	(d) Three years back	(e) Four ye	ears back
1 a Beginning of year balance			4.5	4 , 42 -, 1			-
b Contributions			4, 1			-5 , 5 , 5	
c Net Investment earnings, gains, and losses							v
d Grants or scholarships			· ^	. ' : -	- , , , , , , ,	,	•
 Other expenditures for facilities and programs 							
f Administrative expenses							
g End of year balance						<u> </u>	
Provide the estimated percentag	e of the year er	nd balance held as	3'				
a Board designated or quasi-endov	vment -	8					
b Permanent endowment ▶	<u> </u>						
c Term endowment ►	&						
3a Are there endowment funds not organization by	in the possession	on of the organiza	tion that are	held and admir	nistered for the	Yes	5 No
(i) unrelated organizations						3a(ı)	/ !!"
(ii) related organizations						3a(ii)	
b If 'Yes' to 3a(ii), are the related	organizations lis	ted as required or	n Schedule F	۲۶		3b	+
4 Describe in Part XIV the intende	•	•					
Part VI Investments-Land, B	uildings, an	d Equipment.	See Form	990, Part X,	line 10.		
Description of investmen	(8	i) Cost or other ba (investment)		st or other s (other)	(c) Accumulated Depreciation	(d) Book	Value
1 a Land		·		39,618.	* 1		9,618.
b Buildings		<u> </u>		84,093.	45,897.		8,196.
c Leasehold improvements				39,492.	24,436.		5,056.
d Equipment	<u> </u>	<u> </u>		64,447.	36,103.		8,344.
e Other				45,763.	44,350.		1,413.
Total. Add lines 1a through 1e (Colum	ın (d) must equ	al Form 990, Part	X, column (E	3), line 10(c))			2,627.
BAA					Sched	lule D (Form	990) 2009

	Form 990, Part X, line	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		oost of end of year market value
Closely-held equity interests		
Other		
	-	
	-	

Total (Column (b) must equal Form 990 Part X, col (B) line 12)		, ,
Part VIII Investments-Program Related (Se	e Form 990, Part X, lin	ne 13) N/A
(a) Description of investment type	(b) Book value	(c) Method of valuation
		Cost or end-of-year market value
		
Total (Column (b) must equal Form 990, Part X, Col (B) line 13)		
Part IX Other Assets (See Form 990, Part)	K, line 15) N/A	
Part IX Other Assets (See Form 990, Part)		(b) Book value
Part IX Other Assets (See Form 990, Part)	K, line 15) N/A	
Part IX Other Assets (See Form 990, Part)	K, line 15) N/A	
Part IX Other Assets (See Form 990, Part)	K, line 15) N/A	
Part IX Other Assets (See Form 990, Part)	K, line 15) N/A	
Part IX Other Assets (See Form 990, Part)	K, line 15) N/A	
Part IX Other Assets (See Form 990, Part)	K, line 15) N/A	
Part IX Other Assets (See Form 990, Part)	K, line 15) N/A	
Part IX Other Assets (See Form 990, Part)	K, line 15) N/A	
Part:IX Other Assets (See Form 990, Part) (a)	K, line 15) N/A Description	
Part:IX Other Assets (See Form 990, Part X (a) Total. (Column (b) must equal Form 990, Part X, col (B)	K, line 15) N/A Description), line 15)	
Part:IX Other Assets (See Form 990, Part X) (a) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities (See Form 990, Pa	X, line 15) N/A Description), line 15) rt X, line 25)	
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities (See Form 990, Part X, col (B) (a) Description of Liability	K, line 15) N/A Description), line 15)	
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities (See Form 990, Part X, col (B) (a) Description of Liability	X, line 15) N/A Description), line 15) rt X, line 25)	
Part:IX Other Assets (See Form 990, Part X (a) Total. (Column (b) must equal Form 990, Part X, col (B, Part X) Other Liabilities (See Form 990, Part (a) Description of Liability	X, line 15) N/A Description), line 15) rt X, line 25)	
Part:IX Other Assets (See Form 990, Part X (a) Total. (Column (b) must equal Form 990, Part X, col (B, Part X) Other Liabilities (See Form 990, Part (a) Description of Liability	X, line 15) N/A Description), line 15) rt X, line 25)	
Part:IX Other Assets (See Form 990, Part X (a) Total. (Column (b) must equal Form 990, Part X, col (B, Part X) Other Liabilities (See Form 990, Part (a) Description of Liability	X, line 15) N/A Description), line 15) rt X, line 25)	
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities (See Form 990, Part X, col (B) (a) Description of Liability	X, line 15) N/A Description), line 15) rt X, line 25)	
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities (See Form 990, Part X, col (B) (a) Description of Liability	X, line 15) N/A Description), line 15) rt X, line 25)	
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities (See Form 990, Part X, col (B) (a) Description of Liability	X, line 15) N/A Description), line 15) rt X, line 25)	
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities (See Form 990, Part X, col (B) (a) Description of Liability	X, line 15) N/A Description), line 15) rt X, line 25)	
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities (See Form 990, Part X, col (B) (a) Description of Liability	X, line 15) N/A Description), line 15) rt X, line 25)	
Part IX Other Assets (See Form 990, Part X) (a) Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities (See Form 990, Pa	X, line 15) N/A Description), line 15) rt X, line 25)	

Sche	dule D	(Form 990) 2009 ANCIENT FREE & ACCEPTED MASONS OF IDAHO 82	2-009	95271	Page 4
Par	t XI	Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1		revenue (Form 990, Part VIII,column (A), line 12)			
2	Total	expenses (Form 990, Part IX, column (A), line 25)			
' 3	Exces	s or (deficit) for the year Subtract line 2 from line 1			
4	Net u	nrealized gains (losses) on investments			
5	Donat	ed services and use of facilities			····
6	Invest	ment expenses			
7	Prior	period adjustments			
8	Other	(Describe in Part XIV)			
9	Total	adjustments (net) Add lines 4 through 8			
10		s or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Par	t XII	Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn	N/A	
1	Total	evenue, gains, and other support per audited financial statements	1		
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12		-	
а	Net u	realized gains on investments 2a			
b	Donat	ed services and use of facilities 2b	, , `		
С	Recov	eries of prior year grants 2c			
d	Other	(Describe in Part XIV)	٠, ٠		
е	Add II	nes 2a through 2d	2e		
3	Subtra	act line 2e from line 1	3		
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1			
а	Invest	ments expenses not included on Form 990, Part VIII, line 7b]'、 ;		
b	Other	(Describe in Part XIV)] :		
С	Add I	nes 4a and 4b	4c		
		evenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
Par	t XIII	Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	ırn N/A	
1	Total	expenses and losses per audited financial statements	1		
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25			
а	Donat	ed services and use of facilities] ;		
b	Prior	rear adjustments 2b	, :		
	Other		<u> </u> ,		
		(Describe in Part XIV)] ∴ 、		
		nes 2a through 2d .	2e		
		ct line 2e from line 1	3		
		nts included on Form 990, Part IX, line 25, but not on line 1:	1 . :		
		ments expenses not included on Form 990, Part VIII, line 7b	1 . 1		
		(Describe in Part XIV)	1 1		
		nes 4a and 4b	4c		
		expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		
Par	t XIV	Supplemental Information			
line 4	olete the plant of	is part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part XIII, lines 2d and 4b.	, lines art to p	1b and 2b, Paprovide any add	art V, ditional
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Schedule D	(Form 990) 2009 Supplementa	ANCIENT	FREE & AC	CEPTED 1	MASONS C	F IDAHO		82-0095271	Page 5
PartAIV	Supplementa	i iiioiiiiauu	iii (continue	<u>u)</u>					
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ANCIENT FREE & ACCEPTED MASONS OF IDAHO

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

GRAND LODGE 82-0095271	_
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION	_
TO RENEW, DEVELOP, AND SATISFY OUR MEMBERSHIP AS WE TEACH MORAL STANDARDS AND	_
SUPPORT A WAY OF LIFE THAT PROMOTES FELLOWSHIP, BROTHERHOOD, AND SELF-IMPROVEMENT	_
THROUGH EXCELLENCE IN LEADERSHIP, EDUCATION, FAMILY INVOLVEMENT, CHARITY, AND	_
COMMUNITY INVOLVEMENT.	_
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDE	_
THE LODGE CONSISTS OF TWO CLASSES OF MEMBERS, ACTIVE & NON-ACTIVE. ONLY THE ACTIVE	_
MEMBERS HAVE VOTING RIGHTS. NO MEMBERS RECEIVE A SHARE OF THE LODGE PROFITS, EXCESS	_
DUES, OR NET ASSETS UPON DISSOLUTION.	_
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY	_
MEMBERS HAVE ELECTIONS EVERY YEAR TO ELECT NEW LODGE OFFICERS.	_
FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDER	s
MEMBERS WILL VOTE ON CHANGES IN GOVERNING BYLAWS.	-
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	_
NO REVIEW WAS OR WILL BE CONDUCTED.	_
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE	_
AVAILABLE UPON REQUEST DURING BUSINESS HOURS.	_
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Schedule O (Form	990) 2009						Page 2
Schedule O (Form Name of the organization	ANCIENT GRAND LO	FREE 8	ACCEPTED	MASONS OF	IDAHO	Employer id: 82-009	entification number
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FEDERAL WORKSHEETS

PAGE 1

CLIENT 1885

ANCIENT FREE & ACCEPTED MASONS OF IDAHO GRAND LODGE

82-0095271

RECONCILIATION OF CHANGE IN NET ASSETS

TOTAL REVENUE TOTAL EXPENSES EXCESS OR DEFICIT FOR THE YEAR PER FORM 990 NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS TOTAL ADJUSTMENTS	\$ 39,474. 109,694. -70,220. 64,512. 64,512.
EXCESS OR DEFICIT FOR THE YEAR PER FINANCIAL STATEMENTS	-5,708.

FORM 990, PART IX, LINE 24 OTHER EXPENSES

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D)
		TOTAL	SERVICES	& GENERAL	<u>FUNDRAISING</u>
DUES		26.		26.	
HOST LODGE ENTERTAINMENT		1,410.	1,410.		
INVESTMENT EXPENSE		2,242.		2,242.	
MASONIC SERVICE ASSOCIATION	J	300.	300.		
PARAPHERNALIA EXPENSE		34.	34.		
POSTAGE AND SHIPPING		879.		879.	
PRINTING AND PUBLICATIONS		1,518.		1,518.	
RELIEF PAYMENTS		300.		300.	
TELEPHONE		1,181.		1,181.	
YOUTH COMMITTEE		500.	500.		
YOUTH SCHOLARSHIP		1,000.	1,000.		
	TOTAL	\$ 9,390.	3,244.	\$ 6,146.	\$ 0.

12/31/09	2	309 F	2009 FEDERAL		00 X	DEP	RECIA	TION	SCHE	BOOK DEPRECIATION SCHEDULE				PAGE
CLIENT 1885			ANCIENT FREE	T FR	∞	CCEPTI	ACCEPTED MASONS OF IDAHO GRAND LODGE	ONS OF	ІРАНО					82-0095271
NO. DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS PCT. E	CUR 179 BONUS.	SPECIAL DEPR ALLOW	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDLICT	DEPR BASIS	PRIOR DEPR.	METHOD	LIEE RATE	CURRENT
FORM 990/990-PF														
29 LIBRARY	7/31/85	ļ	3,180	ŀ						3,180	3,180	S/L	7	
TOTAL			3,180		0	0	0	0	0	3,180	3,180			
BUILDINGS														
6 BUILDING 219 N 17TH	3/08/88	ı	84,093	ı						84,093	45,021	S/L	40	876
TOTAL BUILDINGS			84,093		0	0	0	0	0	84,093	45,021			9/8
FURNITURE AND FIXTURES														
2 CHAIRS (3)	5/19/08		795							795	133	J/S	7	
7 FULLY DEPR-FURN & FIXT	VARIOUS		34,941							34,941	34,941	S/L	1	
34 CHAIR	60/82/6	1	458	I						458		1/S	7	
TOTAL FURNITURE AND FIXTURE			36,194		0	0	0	0	0	36,194	35,074			
IMPROVEMENTS														
3 FURNACE	12/04/08		1,700							1,700	27	S/L	20	
8 MARCH-JULY 1988-1987	3/31/87		6,734							6,734	3,574	S/L	40	
9 STORM WINDOWS	8/01/88		1,556							1,556	818	S/L	40	
10 CABINETS	8/60/8		821							821	436	S/L	9	
	12/16/88		1,730							1,730	888	S/L	40	
	1/14/89		1,052							1,052	538	S/L	40	
13 FULLY DEPR -IMPROVEMENTS	VARIOUS		7,665							7,665	2,665	S/L	0	
14 HEAT/AIR CONDITION SYSTEM	8/54/98		5,235							5,235	2,880	S/L	20	109
15 NEW ROOF	10/22/98	,	12,999	ı				j		12,999	7,041	S/L	02	172
TOTAL IMPROVEMENTS			39,492		0	0	0	0	0	39,492	23,897			539

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LANO 1075728PTTAN AZTILIEE DATE COST BLSS SPECIAL PROPER STOCK PROPE STOCK	12/31/09 CLIENT 1885	2	009 F	2009 FEDERAL ANCIENT	AL E	300k	C DEP	DERAL BOOK DEPRECIATION SCHEDULE ANCIENT FREE & ACCEPTED MASONS OF IDAHO GRAND LODGE	VTION ONS OF	SCHE IDAHO	DULE				PAGE 2 82-0095271
TOTAL LAND 1708/08 35618		DATE ACQUIRED -	DATE SOLD	COST/ BASIS	i	CUR 179 BONUS. –	SPECIAL DEPR ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC BAL DEPR.	SALVAG /BASIS REDUCT _	DEPR BASIS	PRIOR DEPR.	METHOD, LIEE	LIEE RATE	CURRENT
LAND 37,08/28 33,618 9,00 0 0 0 0 39,618 0 ACHINEEY AND EQUIPMENT 37,05/208 33,618 0 0 0 0 0 39,618 0 ACHINEEY AND EQUIPMENT 37,05/208 37,05 10 0	LAND														
TOTAL LAND 39.618 0 0 0 0 0 39.618 0	ig Land	3/08/88	'	39,618	1						39,618				0
ACHINERY AND EQUIPMENT \$10.0 \$15 \$146 \$14	TOTAL LAND			39,618		0	0	_			39,618	0			0
SERVER 510 145 LAPTOP 1,043/08 510 145 ADDEE SOFTWARE 2,066/08 299 215 ADDEE SOFTWARE 2,640/03 299 50 FULLY DEPR-FGUIPMENT VARIOUS 25,025 25,025 QUICKGOOKS 2,24/05 122 25,025 25,025 DELL COLOR LASER PRINTER 1,18/03 660 660 660 660 660 DELL COLOR LASER PRINTER 1,1704/04 1,473 3 1,401 1,433 1,401 DELL COLOR LASER PRINTER 1,1704/04 1,473 660 <	MACHINERY AND EQUIPMENT														
LAPTOP 1,289 1,289 215 ADDEE SOFTWARE 2/06/09 299 278 215 ADDEL COLOR LASE PRINTER 1,178/05 2,120 25,025 25,025 DELL COLOR LASER PRINTER 1,178/05 1,473 </td <td>1 SERVER</td> <td>3/02/08</td> <td></td> <td>510</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>510</td> <td>145</td> <td>S/L</td> <td>2</td> <td>43</td>	1 SERVER	3/02/08		510							510	145	S/L	2	43
ADDRE SOFTWARE 2766/09 299 50 FULLY DEPR EQUIPMENT VARIOUS 25,025 25,026 25,026 25,026 25,026 25,026		10/03/08		1,289							1,289	215	S/L	5	108
FULLY DEPR : COURDINERY TO VARIOUS 25,025 25,		5/06/09		299							568	20	S/L	က	42
OLICKABOOKS 212 212 1186 DELL COLOR LASER PRINTER 1/18/05 660 670 670 670 670 670 670 670 670		VARIOUS		25,025							25,025	25,025	S/L	5	0
DELL COLOR LASER PRINTER 1/18/05 660 660 660 660 660 DELL COMPUTER 1/10/104		2/24/05		212							212	186	S/L	5	=
DELL COMPUTER 11/04/04 11/07/04 2,199 2,		1/18/05		099							099	099	S/L	2	0
DELL LAPTOP COMPUTER 11/07/04 2,199 2,199 2,090 ASPIRE LAPTOP NOTEBOOK 10,26/05 1,045 784 784 ASPIRE LAPTOP NOTEBOOK 10,260 1,060 813 COMPUTER 12/28/06 1,257 649 813 COMPUTER 4/02/07 1,94 1,257 649 91 SOFTWARE 6/14/07 2,500 1,083 1,083 1,183 PHONE SYSTEM 11/16/09 1,510 1,510 1,510 1,510 COPIER 8/01/09 25,214 25,214 25,214 25,214 TOTAL MACHINERY AND EQUIPME 64,447 0 0 0 64,447 33,192		11/04/04		1,473							1,473	1,401	S/L	2	31
ASPIRE LAPTOP NOTEBOOK 10/26/05 1,045 EZPRO 738 PROJECTOR SVGA 10,03/05 1,060 COMPUTER 12/28/06 1,257 SOFTWARE 6/14/07 2,300 COPIER 8/01/09 25,214 TOTAL MACHINERY AND EQUIPME 7STELLANEOUS SSELLANEOUS 10,043 0 0 0 0 64,447 33,192		11/07/04		2,199							2,199	2,090	S/L	5	46
EZPRO 738 PROJECTOR SVGA 1,060 813 COMPUTER 12/28/06 1,257 649 SOFTWARE 4/02/07 194 91 SOFTWARE 6/14/07 2,500 1,510 PHONE SYSTEM 11/16/09 1,510 1,510 COPIER 8/01/09 25,214 25,214 TOTAL MACHINERY AND EQUIPME 64,447 0 0 0 64,447 33,192		10/26/05		1,045							1,045	784	S/L	25	87
COMPUTER 1,257 649 SOFTWARE 4/02/07 194 91 SOFTWARE 6/14/07 2,500 1,510 2,500 1,083 PHOINE SYSTEM 11/16/09 1,510 1,510 1,510 1,510 COPIER 8/01/09 25,214 25,214 25,214 25,214 TOTAL MACHINERY AND EQUIPME 64,447 0 0 0 64,447 33,192		10/03/05		1,060							1,060	813	S/L	2	88
SOFTWARE 4/02/07 194 91 SOFTWARE 6/14/07 2,500 1,083 2,500 1,083 PHONE SYSTEM 11/16/09 1,510 1,510 1,510 1,510 COPIER 8/01/09 25,214 25,214 25,214 TOTAL MACHINERY AND EQUIPME 64,447 0 0 0 64,447 33,192		12/28/06		1,257							1,257	649	S/L	2	105
SOFTWARE 6/14/07 2,500 1,083 PHONE SYSTEM 11/16/09 1,510 1,510 COPIER 8/01/09 25,214 25,214 TOTAL MACHINERY AND EQUIPME 64,447 0 0 0 64,447 33,192 SCELLANEOUS		4/05/07		194							<u>18</u>	16	S/L	5	91
PHONE SYSTEM 1/16/09 1,510 COPIER 8/01/09 25,214 TOTAL MACHINERY AND EQUIPME 64,447 0 0 0 0 64,447 33,192		6/14/07		2,500							2,500	1,083	S/L	2	208
COPIER 8/01/09 25,214 25,214 TOTAL MACHINERY AND EQUIPME 64,447 0 0 0 0 64,447 33,192		11/16/09		1,510							1,510		S/L	2	25
INERY AND EQUIPME 64,447 0 0 0 0 64,447		8/01/03	1	25,214	1						25,214		S/L	22	2,101
MISCELLANEOUS	TOTAL MACHINERY AND EQUIPME	Į.		64,447		0	0	J		0	64,447	33,192			2,911
	MISCELLANEOUS														