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DLN: 93492133008380

2009

OMB No 1545-1150

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.

Open to Public Inspection

			r year, or	r tax year beginning 01-01-2009	, and ending 12-	31-2009	_		
_		applicable change	Please	C Name of organization FREE ACCEPTED MASONS OF UTAH				-	ntification number
_	ame ch	-	use IRS label or	Number and street (or P O box, if mail is no	t delivered to street ad-	dress) Room/suite		132925	hor
_	ıtıal ret	-	print or type.	650 EAST SOUTH TEMPLE	e delivered to street du	areas) Room, suite	Е гејері	none numl	
	eminat	ed	See					(801) 3	63-2936
_		d return on pending	Specific Instruc- tions.	City or town, state or country, and ZIP + 4 SALT LAKE CITY, UT 84102			F Group Numb	Exemptio er 🕨	on ► 1652
	<u> </u>							_	_
Se	ction			ons and 4947(a)(1) nonexempt charit Completed Schedule A (Form 990 or 990		G Accounting m Other (specif		√ Cash	Accrual
\M.	bsit e	:▶ WA				H Check ►	J If the	organıza	ation
		• • • • • • • • • • • • • • • • • • • •	eck only or	ne)— 501(c) (10) ◀(insert no) 4947	(a)(1) or 527	ıs not requi			-EZ, or 990-PF)_
	eck 🕨	_		is not a section 509(a)(3) supporting or					·
				m 990 return is not required, but if the o					
. Add	lines 5	b, 6b, and 7b, to	line 9 to d	determine gross receipts, if \$500,000 or more, file	e Form 990 instead of F	orm 990-EZ	► \$		88,702
Pa	rt I			nses, and Changes in Net Asset	s or Fund Bala	nces (See the	ınstructı	ons for P	
	1	Contributions	s, gıfts, gı	rants, and similar amounts received			.	1	40
	2	Program serv	ice rever	nue including government fees and conti	acts		. [2	
	3	Membership	dues and	lassessments			. [3	42,179
	4	Investment i	ncome				. [4	3,377
	5a	Gross amoun	t from sa	ale of assets other than inventory .		5a	15,000		
2	b	Less cost or	other ba	asıs and sales expenses	!	5b	15,000		
אפיפרווים	c	Gain or (loss)) from sal	le of assets other than inventory (Subtra	act line 5b from line	5a)	[5c	
ב ב	6	Special event	_	ctivities (complete applicable parts of Sc	hedule G) Ifany a	mount is from g	aming,		
	а	Gross revenu	ie (not in	cluding \$ _of contributions					
		reported on lı	ne 1)			5a			
	b	Less directe	expenses	s other than fundraising expenses .		5 b			
	c	Net income o	r (loss) fi	from special events and activities (Subti	ـــ act line 6b from lin	e 6a)		6c	
	7a	Gross sales o	ofinvento	ory, less returns and allowances .	1	7a	23,785		
	b	Less cost of	aoods sa	old	<u> </u>	7b	17,540		
	c		-	from sales of inventory (Subtract line 7 b				7c	6,245
	8	Other revenu			,		·	8	4,321
	9		•	nes 1, 2, 3, 4, 5c, 6c, 7c, and 8			<u> </u>	9	56,162
				nounts paid (attach schedule)					663
	10							10	
	11	Benefits paid					.	11	22.400
ا ،	12	,	•	ensation, and employee benefits				12	22,400
<u> </u>	13			other payments to independent contrac			.	13	1,900
sasuadxo	14		•	ities, and maintenance				14	1,414
Ĺ	15		,	, postage, and shipping			.	15	4,110
	16	Other expens						16	26,417
	17	Total expense	es. Add li	ines 10 through 16			•	17	56,904
2	18	Excess or (de	eficit) for	the year (Subtract line 17 from line 9)			. [18	-742
Ž	19	Net assets or	r fund bal	lances at beginning of year (from line 27	, column (A)) (mus	t agree with			
Nechoods		end-of-year f	igure rep	oorted on prior year's return)			. [19	171,724
2	20	O ther change	s in net a	assets or fund balances (attach explana	tion)		. [20	6,403
	21	Net assets or	r fund bal	lances at end of year Combine lines 18	through 20 .		▶	21	177,385
Pa	rt II	Balance S	Sheets	—If Total assets on line 25, column (B)	are \$1,250,000 or	more, file Form	990 inst	ead of F	orm 990-EZ
			(Caa +1	he instructions for Dort II \	7.5	. D		/B\ =	
	C = - '			he instructions for Part II)	(A)	Beginning of yo		T	nd of year
		, savings, and			—	171	,449 22	+	177,745
		and buildings			· · (23	+	3,091
		•	ribe 🕶		———, <u> </u>		275 24		
		assets .	 		• • • —	171	,724 25	1	180,836
		liabilities (des	•				724 27		3,451
Z/	net a	ssets of fund l	vaiances	(line 27 of column (B) must agree with l	ine ∠⊥) .	1/1	,724 27	1	177,385

Part IIII Statement of Program	Service Accomplishn	nents (See the instruction	s for Part III)		Expenses
What is the organization's primary exempt THE FREE AND ACCEPTED MASONS OF CORPORATION ORGANIZED FOR THE G MASONIC LODGES IN THE STATE OF U	FRATERNAL	(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)			
Describe what was achieved in carrying ou describe the services provided, the numbe program title	opti	onal for others)			
28 DURING 2009, NUMEROUS MEETING EMPLOYEES IN UTAH PROCEEDS FROM THOSE EFFORTS GRANTS TO OTHER M PURPOSES	1 THE SALE OF MATERIAI ASONIC ENTITIES WERE	LS WERE USED TO HE MADE TO HELP IN TH	LP SUPPORT HEIR CHARITABLE		
	s amount includes foreign (grants, check here .	▶ ▽	28a	56,241
29					
(Grants \$) If the	s amount includes foreign (grants, check here .	▶┌	29a	
	s amount includes foreign (grants, check here .	▶⊏	30a	
31 O ther program services (attach schedu			• • •		
	s amount includes foreign (grants, check here .	<u>· · ▶ ┌</u>	31a 32	FC 241
32 Total program service expenses (add lin Part IV List of Officers, Directors, Tru		List each one even if not con			56,241 s for Part IV)
	(b) Title and average	(c) Compensation	(d) Contributions	to	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit pl deferred compensa		account and other allowances
ROBERT K CHAPMAN	devoted to position	circi o iy	deterred compense	1011	other anowalices
6506 SOUTH 2600 EAST Cottonwood, UT 84121	DEPUTY GRAND MASTER 1 00	0		0	0
LOYD E DAVIS 1476 MADERA HILLS DR Bountiful, UT 840101523	GRAND MASTER 1 00	0		0	0
ROBERT MCKENZIE 323 W 2300 S Bountiful, UT 840107641	GRAND SECRETARY 16 00	12,000		0	0

_				•
υ	а	а	_	
	а	ч	_	

Pa	rt 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		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Νο
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			
а	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		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		No
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨			
Ь	Did the organization file Form 1120-POL for this year?	37ь		No
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		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter	1		
а	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	40Ь		No
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		No
	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of Face AND LODGE OF FREE AND ACCEPTED MASONS OF UTAH 650 E S TEMPLE Located at Face SALT LAKE CITY, UT ZIP + 4			2936
h	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	Yes	No No
	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		No
42	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	• •	• •	▶ 1
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44		No
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		No
		orm Q	90-F7	. (2009)

Form 9	90-E	Z (2009)							Page 4
Part	VI	Section 501(c)(3) organ All section 501(c)(3) organ 46-49b and complete the	nizations and section	4947(a)(1) nonexe	-			-	stions
46 D	Did the	e organization engage in direct			half of or in opp	osition to		Yes	No
С	candıd	ates for public office? If "Yes,"	complete Schedule C, F	Part I			46		No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II									No
48 I	Is the	organization a school describe	d ın section 170(b)(1)(<i>A</i>	۱)(۱۱)? If "Yes," comple	te Schedule E		48		No
		e organization make any transfe					49a		No
		," was the related organization					49b		No
50 C	Compl	ete this table for the organization yees) who each received more t	on's five highest compe	nsated employees (ot		,			<u> </u>
	lame a	and address of each employee I more than \$100,000	(b) Title and average hours per week devoted to position	_	(d) Con	tributions to benefit plans & compensation	(€	e) Expe count rallowa	and
NONE									
0	of com	ete this table for the organization pensation from the organization me and address of each indepe	n If there is none, enter	"None"		each received r		an \$10 Compen	
NONE									
51(d)	Total	number of other independent o	ontractors each receivi	ng over \$100,000		.			
		Under penalties of perjury, I declare t and belief, it is true, correct, and com	hat I have examıned thıs retı	urn, including accompanyir					
Pleas Sign Here	se	****** Signature of officer		(other than officer) is bas	2010-0 Date		ei ilas ai	IY KIIOWI	euge
		LAWRENCE K FIELDEN GRAND SEC Type or print name and title	CKETAKT						
Paid	!	Preparer's signature JERRY L SELBO		Date 2010-05-13	Check if self-empolyed	Preparer's identif (See instructions		nber	
Prepar Use Or	nlv 🗀	ıf self-employed),	/ELL AND COMPANY LLC CPAS	5		EIN 🕨			
22001	,		N 3RD FLOOR CITY, UT 84101			Phone no ▶ (8	01) 359-	2056	

May the IRS discuss this return with the preparer shown above? See instructions

Γ_{Yes} Γ_{No}

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DLN: 93492133008380

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

► See separate instructions.

► Attach to your tax return.

Sequence No 67

Name(s) shown on return			Business or a	ctivity to which	this for	m relate	s :	Ident	ifying	ı number
FREE ACCEPTED MASONS OF UTAH FOR FORM 990-EZ LINE 14 87-01							13292	2.5		
	To Expense (lata Dant	<u> </u>		
	ou have any li					сотрі	ete Part	1.		# 12F 000
1 Maximum amount See		_			•			. !	1	\$ 125,000
2 Total cost of section 1			,	•				•	2	
3 Threshold cost of sect				•	ructions)	•		٠	3	\$ 500,000
4 Reduction in limitation	Subtract line 3	from line 2	If zero or les	s, enter - 0 -				٠	4	
5 Dollar limitation for tax	year Subtract	line 4 from	line 1 If zero	or less, enter -	0- If ma	ırrıed fili	ng			
separately, see instruc	tions							•	5	
				(b) Cost	(husines	s iisa				
6 (a) [Description of pr	operty		(2) 0031	only)	3 use	(c) Elec	ted	:ost	
6										
7 Listed property Enter	the amount from	line 29			. [7				
8 Total elected cost of s	ection 179 prop	erty Adda	mounts ın colu	umn (c), lines 6	and 7			.	8	
9 Tentative deduction E	nter the smaller	of line 5 or	line 8 .						9	
10 Carryover of disallowed	deduction from	line 13 of	your 2008 Foi	rm 4562 .				٠.	10	
11 Business income limitation	Enter the smaller of	business inco	ome (not less that	n zero) or line 5 (s	ee instruct	ions)		. [11	
12 Section 179 expense of	deduction Add I	ines 9 and	10, but do not	enter more tha	n line 11			. [12	
13 Carryover of disallowed	d deduction to 2	010 Add lii	nes 9 and 10,	less line 12	.▶ [13				
Note: Do not use Part					ıse Part	· V.				
							clude liste	ed pr	operty	(See instructions)
14 Special depreciation al tax year (see instruction		lıfıed prope	rty (other than	listed property	/) placed	ın servi	ice during	the	14	
15 Property subject to see		election						ŀ	15	
16 Other depreciation (inc							• •	ŀ	16	
	preciation (I	Do not inc	clude listed r	roperty) (So	ee instr	uctions	` .			
MACKS DC	preciation (I	DO HOU HIN		ction A	cc mon	accions	• /			
17 MACRS deductions for	assets placed i	n service ir			2009				17	
18 If you are electing t	-		-	_		r into o	ne or mo	ore l		
general asset accou		-					▶	 		
Section B—Asse			During 200	08 Tax Year	Using	the Ge	eneral D	epr	ecia	tion System
			Basis for							•
(a) Classification of property	(b) Month and year placed in service	(business	eciation s/investment use	(d) Recovery period	(e) Co	nventior	(f) M	etho	d	(g)Depreciation deduction
19a 3-year property		Jilly—See	instructions)		+				+	
b 5-year property										
c 7 - year property									\neg	
d 10-year property										
e 15-year property										
f 20-year property										
g 25-year property				25 yrs			S/	L		
h Residential rental				27 5 yrs	М	М	S/	L		
property				27 5 yrs	M	М	S/	L		
i Nonresidential real				39 yrs	M		S/		$-\!\!+$	
property	<u> </u>				M		S/			
	n C—Assets Plac	ced in Servi							Syste	
20a Class life	-		3,225	3 0	M	Q	S/			134
b 12-year	 			12 yrs		<u></u>	S,		+	
c 40-year Part IV Summar	ı y (see ınstruc	tions)		40 yrs	I 1 ^V I	111	1 3/			
21 Listed property Enter									21	
22 Total. Add amounts fro and on the appropriate	m line 12, lines	14 through					1 Enterh	nere	22	134
23 For assets shown abov								•	\dashv	
portion of the basis att						23				

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

compl	ete only	24a, 24b, colui	mns (a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectioi	n B, a	nd Se	ction (C if ap	oplicat	ile.
Section A—Deprec																
24a Do you have evidenc	e to support	the business/investi	ment use	claime	d? ┌ Yes	. ⊢ _{No}			24b If	"Yes," ı	s the ev	/ idence	written?		sГNo)
										1						
(a) Type of property (list Distorbicles first)	(b) Pate placed II service	(c) Business/ In investment use percentage	(d) Cost or ot basıs	ther	(busines	(e) deprecia s/investr e only)	- 11	(f) Recove period		(g) Method/ conventio		(h Deprec deduc	ation/		(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busine			olaced in s	service (during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	ıness u:	s e							- 1					
		%														
		%									_					
	orless in a		ss use													
		%							S/L	-						
		%							S/L]		
20 0 dd		%	7 5-4			21		4	S/L		_			+-		
28 Add amounts in col		_				ne 21,	page .	1 .	•		8		20	+		
29 Add amounts in col	umn (I), IIr				mation	·	· ·	• Va	· biol	•			29			
Complete this section f	or vehicle:										r relat	ed per	son			
f you provided vehicles to y	our employe	es, first answer the q	uestions	ın Sectio	on C to see	ıf you n	neet ar	exce	otion t	o comple	ting this	section	for thos			
30 Total business/inve		-	the _	-	a) icle 1	V e hı	•	V	(c) ehic		V e h i	d) cle 4	V ehı	-	V e hı	f) cle 6
31 Total commuting m	ıles drıven	during the year	. -													
32 Total other persona	ıl(noncomr	muting) miles driv	en													
33 Total miles driven o	during the	year Add lines 3	。													
through 32			· _													
34 Was the vehicle ava	aılable for	personal use		Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
during off-duty houi	rs? .													<u> </u>		<u> </u>
35 Was the vehicle use owner or related pe	rson?	· · · · ·	5%													
36 Is another vehicle a	avaılable f	or personal use?														
Section Answer these questions 5% owners or related p	s to detern										-				not moi	re tha
37 Do you maintain a vemployees?		•	t prohib	ıts all	personal •	use of	vehic	les,ı	nclud	ling cor	nmutir	ig, by y	our •	Y	es	No
38 Do you maintain a vemployees? See the																
39 Do you treat all use	ofvehicle	s by employees a	as perso	nal us	e? .											
40 Do you provide mor vehicles, and retain	e than five	vehicles to your	•			rmatio	n fron	n your	r emp	loyees	about	the us	e of the	e 🗀		
41 Do you meet the red			· Ified aut	 tomobı	le demor	- nstratio	n use	? (Se	e ins	tructio	ns)		·		-+	
Note: If your answe	r to 37, 38	3, 39, 40, or 41 is	s "Yes,"	do no	t comple	te Sect	ion B	for th	ne co	vered v	ehicle:	S				
Part VI Amortiz		<u> </u>													I	
		(b)		(0	-)			(d)		(e	:)			(f)		
(a)		Date		A mort	-			ode		A morti			A mo	rtızatı	on for	
Description of co	STS	amortization begins		amo	unt		se	ction		perio percei			t	hıs yea	ar	
42 A mortization of cos	ts that be		2009 ta:	x year	(see ins	truction	ns)				<u> </u>					
43 A mortization of cos	ts that be	gan before your 2	009 tax	year						•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . .

44

TY 2009 Explanation of Non UBI

Name: FREE ACCEPTED MASONS OF UTAH

EIN: 87-0132925

Explanation: Sales of merchandise: 1. Are made only to members and not the

general public. 2. Are not made from a regularly operating

commercial outlet. 3. Are of a nature that relates to membership in

the organization, like publications, apparel, and memorabilia.

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TY 2009 Grants and Similar Amounts Paid Schedule

Name: FREE ACCEPTED MASONS OF UTAH

Item No.	1			
Class of Activity				
Donee's Name				
Donee's Address	650 E South Temple Salt Lake City, UT 84102			
Amount (FMV)	663			
Purpose of Payment to Affiliate	To support grant-making			
Relationship	Foundation arm of the Masons			
Description	Cash			
Book Value	663			
How BV Determined	Actual			
How FMV Determined	d Actual			
Date of Gift	2009-04			

TY 2009 Other Expenses Schedule

Name: FREE ACCEPTED MASONS OF UTAH

Description	Amount
Grand Secretary Expense	1,115
Grand Master's Expense	2,440
Deputy Grand Master's Expense	1,500
Grand Lecturer's Expense	1,000
Senior and Junior Grand Warden's Expense	2,000
Masonic Service Assoc. Dues	300
Committee Expenses	1,417
Bank Charges	175
Banquet Expenses	6,201
Conference Expenses	3,500
Office Supplies & Expenses	1,891
Miscellaneous Expense	1,020
Payoll Taxes & Processing	3,198
Telephone Expense	660

TY 2009 Other Liabilities Schedule

Name: FREE ACCEPTED MASONS OF UTAH

Description	Beginning of Year Amount	End of Year Amount
ACCOUNT PAYABLE		3,307
Payroll Liabilities		144

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TY 2009 Other Revenues Schedule

Name: FREE ACCEPTED MASONS OF UTAH

Description	Amount
Net income from retreat	1,261
Misc income and reimbursements	3,060