

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

Department of the Treasury

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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2009

Open to Public

B Check if Address Name of Initial re Termina Amende Applicati I Tax-exe J Websi K Form of o	ated eturn tion pending sempt status site: N/A forganization Briefly de Fraternal	Please use IRS label or print or type. See Specific Instructions. F Nam Corporat lary escribe the organizat	C Name of organization ANCIENT FREE & ACCEPTED MASONS GRAND LODGE Doing Business As Number and street (or P O box if may P O BOX 446 City or town, state or country, and Z WACO, TX 76703 The and address of principal office (10) (insert no) 4947(a)(1) on Trust Association Other corganization's mission or most ion	or 527	H(a) Is the affiliation of the a	74-048563 E Telephone nu (254) 753-7 G Gross receipts: It affiliates include o," attach a list up exemption nu	The result of th
Address Name of Initial re Termina Amende Applicati I Tax-exe J Websi K Form of the Part I 1 300000000000000000000000000000000000	change change eturn ated ed return tion pending cempt status cempt sta	use IRS label or print or type. See Specific Instructions. F Nam Solution of the control of th	GRAND LODGE Doing Business As Number and street (or P O box if map of p O BOX 446 City or town, state or country, and Z WACO, TX 76703 The and address of principal office of the principal office of principal office of the principal of the principal office of the pr	ail is not delivered to street addres IP + 4 or	H(a) Is the affiliation of the a	E Telephone nu (254) 753-7 G Gross receipts: Is a group returnates? Il affiliates include o," attach a list up exemption nu	mber 7395 \$ 1,518,397 n for
Name of Initial re Termina Amende Applicati I Tax-exe J Websi K Form of e Part I 1 30 1 2 3 3	eturn ated ed return tion pending sempt status site: N/A forganization Briefly de Fraternal	F Nam F Sol(c) Corporate Corpo	Doing Business As Number and street (or P O box if may P O BOX 446 City or town, state or country, and Z WACO, TX 76703 The and address of principal office of the following principal of the following principal office office office office office office office office office o	IP + 4 r or	H(a) Is the affiliation of the a	E Telephone nu (254) 753-7 G Gross receipts: Is a group returnates? Il affiliates include o," attach a list up exemption nu	mber 7395 \$ 1,518,397 n for
I Tax-exe J Websi K Form of Part I 300000000000000000000000000000000000	eturn ated ed return tion pending empt status site: N/A forganization Briefly de Fraternal	F Nam F Sol(c) Corporate Corpo	P O BOX 446 City or town, state or country, and Z WACO, TX 76703 The and address of principal office of the country of the state of the state of the country of the state of the country of the state of the sta	IP + 4 r or	H(a) Is the affiliation of the a	G Gross receipts Is a group returnates? Il affiliates include o," attach a list up exemption nu	s 1,518,397 for Yes ▼ No ed?
Termina Amende Applicati I Tax-exe J Websi K Form of o	ed return tion pending tempt status ite: N/A organization Briefly de Fraternal	F Nam F Sol(c) Corporate that y escribe the organizate is box	P O BOX 446 City or town, state or country, and Z WACO, TX 76703 The and address of principal office of the country of the state of the state of the country of the state of the country of the state of the sta	IP + 4 r or	H(a) Is the affiliation of the a	G Gross receipts Is a group returnates? Il affiliates include o," attach a list up exemption nu	s 1,518,397 for Yes ▼ No ed?
Amende Applicati I Tax-exe J Websi K Form of o	ed return tion pending dempt status site: N/A forganization Briefly de Fraternal	F Nam 501(c) Corporate ary escribe the organizate is box	City or town, state or country, and Z WACO, TX 76703 The and address of principal office (10) (insert no) 4947(a)(1) Trust Association Other corganization's mission or most	or 527	affilia H(b) Are a If "N H(c) Grou	is a group returnates? Il affiliates include o," attach a list up exemption nu	n for
Application I Tax-exe J Websi K Form of o	tion pending tempt status ite: N/A organization Summ Briefly de Fraternal	Corporate the organizate is box	WACO, TX 76703 The and address of principal office (10) ◀ (insert no)	or 527	affilia H(b) Are a If "N H(c) Grou	ates? II affiliates include o," attach a list up exemption nu	Mes V No ed? Yes V No (see instructions) mber ►
I Tax-exe J Websi K Form of C Part I 1 30 2 2 3	sempt status site: N/A forganization Summ Briefly de Fraternal	Corporate the organizate is box	e and address of principal office (10) (insert no) 4947(a)(1) on Trust Association Other	or 527	affilia H(b) Are a If "N H(c) Grou	ates? II affiliates include o," attach a list up exemption nu	Mes V No ed? Yes V No (see instructions) mber ►
Websi K Form of c Part I 1 9 000 2 3	organization Summ Briefly de Fraternal Check th	Corporate the organizate is box	(10) ◀ (insert no)	or 527	affilia H(b) Are a If "N H(c) Grou	ates? II affiliates include o," attach a list up exemption nu	Mes V No ed? Yes V No (see instructions) mber ►
Websi K Form of c Part I 1 9 000 2 3	organization Summ Briefly de Fraternal Check th	Corporate the organizate is box	(10) ◀ (insert no)	or 527	affilia H(b) Are a If "N H(c) Grou	ates? II affiliates include o," attach a list up exemption nu	Mes V No ed? Yes V No (see instructions) mber ►
Websi K Form of c Part I 1 9 000 2 3	organization Summ Briefly de Fraternal Check th	Corporate the corganizate organizate	on		If "N H(c) Gro	o," attach a list up exemption nu	(see instructions) mber ►
Websi K Form of c Part I 1 2 2 3	organization Summ Briefly de Fraternal Check th	Corporate the corganizate organizate	on		If "N H(c) Gro	o," attach a list up exemption nu	(see instructions) mber ►
Websi K Form of c Part I 1 2 2 3	organization Summ Briefly de Fraternal Check th	Corporate the corganizate organizate	on		H(c) Gro	up exemption nu	mber ►
Websi K Form of c Part I 1 2 2 3	organization Summ Briefly de Fraternal Check th	Corporate the corganizate organizate	on		1		
Form of a Part I	Summ Briefly de Fraternal Check th	escribe the organizat	e organization's mission or most	significant activities	L Year of fo	ormation 1837 M	State of legal domicile TX
Part I 1 2 3	Summ Briefly de Fraternal Check th Number of	escribe the organizat	e organization's mission or most	significant activities	L Year of fo	ormation 1837 M	State of legal domicile TX
Governance 5	Briefly de Fraternal Check th Number of	organizat	_	significant activities			
Governance	Fraternal Check th Number of	organizat	_	significant activities			
స్త్రో శర్త ఆ	Check th	ıs box 📭	1011				
	Number o	·					
	Number o	·					
	Number o	·					
		· f a t . m a . m	if the organization discontinued	its operations or disposed (of more than	25% of its net a	issets
8 4 5 5	N	or voting n	nembers of the governing body (F	Part VI, line 1a)		3	
ੂੰ 5	Number	ofindepen	dent voting members of the gove	rning body (Part VI, line 1b)		. 4	
	Total nun	nberofen	iployees (Part V , line 2a)			5	
∄ 6	Total nun	nber of vo	unteers (estimate if necessary)			6	
₹ 7.	7a Total gro	ss unrelat	ed business revenue from Part V	'III, column (C), line 12 .		7a	1
I	b Net unrel	lated busi	ness taxable income from Form 9	990-T, line 34		7b)
					Pric	or Year	Current Year
8	C ontribi	utions and	grants (Part VIII, line 1h) .			723,947	649,894
<u>9</u> 9			evenue (Part VIII, line 2g)		98,389	47,652	
Heyen 10) Investm	nent incon	ne (Part VIII, column (A), lines 3	3, 4, and 7d)		271,143	619,541
관 ₁₁			art VIII, column (A), lines 5, 6d,		161,327	201,310	
12			ld lines 8 through 11 (must equa				
			<u> </u>			1,254,806	1,518,397
13	Grants a	and sımıla	r amounts paid (Part IX, column	(A), lines 1-3)			0
14	Benefits	paid to o	r for members (Part IX, column (A), line 4)			0
္ 15		, other co	mpensation, employee benefits (Part IX, column (A), lines 5	-	201.042	272 122
EX 168	10)					281,042	272,133
⊕ 16a			aising fees (Part IX, column (A)				0
풉 법			enses (Part IX, column (D), line 25) 🛌				
17			Part IX, column (A), lines 11a–1			886,661	860,921
18		penses A	dd lines 13–17 (must equal Pai	t IX, column (A), line 25)		1,167,703	1,133,054
19	Revenue	e less exp	enses Subtract line 18 from line	12		87,103	385,343
දිලීල්					_	g of Current	End of Year
Not Assets or Section 20 21 22			LV 1 1.63		<u> </u>	/ear	
88 20 8 20			t X, line 16)			27,524,989	30,719,985
글 (21 분분 (21			art X, line 26)			18,548,740	21,358,392
			d balances Subtract line 21 fron	n line 20		8,976,249	9,361,593
Part I	_	ture Blo					h - h - + - £ ll - d
			Jury, I declare that I have examined th orrect, and complete Declaration of pre				
	l <u></u>						
Sign	****					-05-13	
Here	Signat	ure of office	r		Date		
			GRAND SECRETARY				
	Type o	or print nam	e and title				
	Preparer's				heck if	Preparer's identif	
Paid	signature	THOMA	S E RIGGS	1	elf- npolyed 🕨 🦵	(see instructions))
Preparer'	r's Firm's nam	ne (or yours	Riggs & Company PC CPAs		1		
Use Only	, If self-emp	` '	1512 Lake Air Drive Suite 102			EIN 🕨	
•	audiess, a	u ∠17 + 4				Phone no 🕨 (2	54) 772-4510
			Waco, TX 76710 n with the preparer shown above			'	

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

Fraternal organization

2		on undertake any significa) or 990-EZ?				┌ Yes ┌ No
	If "Yes," describe	these new services on Sch	nedule O			
3	_	on cease conducting, or m	-	_	•	┌ Yes ┌ No
	If "Yes," describe	these changes on Schedul	e O			
4	Section 501(c)(3)		ons and section 4	1947(a)(1) trusts aı	argest program services by re required to report the amo ervice reported	
4a	(Code) (Expenses \$	885,804 Inc	cluding grants of \$) (Revenue \$	1,417,828)
	The organization gov	erns the operation of 880 Mason	nc Lodges in Texas	Membership dues are di	ue annually on June 23 The organ	ızatıon has 100,743 members
4b	(Code) (Expenses \$	128,168 in	cluding grants of \$) (Revenue \$)
	The organization issu	es a quarterly publication				
4c	(Code) (Expenses \$	84,560 In	cluding grants of \$) (Revenue \$	87,041)
	The organization mal	kes contributions to affiliated cha	arıtable organızatıons	5		
	Other program se	ervices (Describe in Sche	dule O)			
	(Expenses \$	•	uding grants of \$) (Revenue \$	13,528)
4e	Total program se	rvice expenses►\$	1,133,054			

Part IV	Checklist	of Red	uired	Schedule

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	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 Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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 16? 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 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	14b		Νο
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 U S? If "Yes," complete Schedule F, Part II	15		Νο
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	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? <i>If</i> "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	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	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	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		Νo
22	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 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 Schedule J	23		No
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, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		Νo
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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	25a		No
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		No
26	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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	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 owner? <i>If</i> " <i>Yes,"</i> complete Schedule L, Part <i>IV</i>	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	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	36		Νο
37	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	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other IRS	Filings an	d Tax	Compliance
--------	------------	-----------	-----------	------------	-------	------------

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		Νο
2a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νo
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		N o
la	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)?	4a		No
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 Financial Accounts			
ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
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		Νo
a	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?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νo
	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a		Νο
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νo
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νo
	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		Νο
	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a		Νo
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
ם ס	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νo
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

715 COLUMBUS AVENUE WACO,TX 76703 (254) 753-7395

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 6			
ь	Enter the number of voting members of the governing body			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
_	other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ction B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
10-	December on the control of the contr	10-	Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		Νo
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
_	to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		Νo
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	e orga	nızatıor	n 1-
	TOMMY D GUEST			

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization'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, and current key employees 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 employee."
- ♦ 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, or 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 n	•	ate any	curr	ent d	or fo	rmer o	fficei	r, director, trustee o	or key employee	
(A) Name and Title	(B) Average hours	erage Position		(C) Position (check all that apply)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
WALTER ROGERS GR JR WARDEN	0			Х				0	0	0
TOMMY D GUEST GRAND SECRETARY	35 00			Х	х			40,000	0	0
THOMAS E CARNES DEP GR MASTER	0			Х				0	0	0
ORVILLE L O'NEILL GRAND MASTER	0			Х				0	0	0
JIM BRUMIT GR SR WARDEN	0			х				0	0	0
ARCHIE SCOTT GRND TREASURER	0			Х				0	0	0
-										

Forr	n 990 (2009)				Page 8
1b	Total	40,000			
2	Total number of individuals (including but not limited to those listed above) who received in \$100,000 in reportable compensation from the organization ▶0	nore than			
				Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest con line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	· · · · · · · · · · · · · · · · · · ·	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other comporganization and related organizations greater than \$150,000? If "Yes," complete Schedule individual		4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organ rendered to the organization? If "Yes," complete Schedule J for such person		5		No
S	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that receives \$100,000 of compensation from the organization	ved more than			
	(A) Name and business address	(B) Description of services		(C Comper	
			_		
			+		
2	Total number of independent contractors (including but not limited to those listed above) wl \$100,000 in compensation from the organization ►0	no received more than			

Form **990** (2009)

Form 9	•	•	_					Page 9
Part \	VIII	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
22	1a	Federated cam	paigns 1a					1 311
	Ь		es 1b	610,840				
ಕ್ಷ	l c	•	ents 1c					
its ≓a	d	_	zations 1d					
% <u>E</u>	e	Government grant						
Contributions, gifts, grants and other similar amounts	ļ ,	All other contribution	ons, gifts, grants, and 1f	39,054		ŀ		
출출	'	sımılar amounts no	ot included above					
# T	g		butions included in					
ŠĒ	h		s 1a-1f	▶	649,894			
				Business Code				
Program Serwce Revenue	2a	Wardens Retreat		900,099	47,652	47,652		
e. Kel	Ь			300,033	47,032	47,032		
or GE	c							
Ę	d							
38	e							
Ē	f	All other progra	am service revenue					
<u></u> 2	'	All other progra	anii service revenue					
	g	Total. Add line:	s 2a-2f		47,652			
	3		ome (including dividend		C10 F41	C10 F41		
	١.		ar amounts)	F	619,541	619,541		
	4		stment of tax-exempt bond p	broceeds	13,832	13,832		
	5	Royalties .	(ı) Real	(II) Personal	13,032	13,032		
	6a	Gross Rents	(I) Real	(II) F elsolial				
	Ь	Less rental						
	_c	expenses Rental income						
		or (loss)		<u> </u>	0			
	d	Net rental inco	me or (loss)		0			
	7a	Gross amount	(ı) Securities	(II) O ther				
	-	from sales of assets other						
	١.	than inventory Less cost or						
	b	other basis and						
	c	sales expenses Gaın or (loss)						
	d	Net gain or (los	ss)	▶	0			
	8a		rom fundraising					
пe		events (not inc	luding					
₹		\$ of contributions	 s reported on line 1c)					
ě			ne 18					
ā.	[a . i					
Other Revenue	b		penses b (loss) from fundraising e	wonts 🕨	0			
•	c 9a		rom gaming activities	events				
	-		ne 19					
			а					
	b		penses b					
	C 100		(loss) from gaming activ	/ities	0			<u> </u>
	10a	Gross sales of returns and allo						
			a					
	ь		oods sold b					
	С		(loss) from sales of inve		0			
	<u> </u>	Miscellaneous	s Revenue	Business Code	22 74-	22.74		
	11a	Other Income			32,740	32,740		
	Ь	Lodge printing			39,389	39,389		
	c	Grand Off resa	le items		54,867	54,867		
	d	All other reven	l		60,482	60,482		
	e	Total. Add lines	s 11a-11d		187,478			
	12	Total revenue	See Instructions					
	1			•	4 540 000	000 503		1

868,503

1,518,397

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
			(B), (C), and (B)	(D). (C)	(D)				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $\!$	0							
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0							
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0							
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors, trustees, and key employees	40,000	40,000						
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							
7	Other salaries and wages	192,898	192,898						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	20,393	20,393						
9	Other employee benefits	0							
10	Payroll taxes	18,842	18,842						
11	Fees for services (non-employees)								
а	Management	0							
ь	Legal	0							
С	Accounting	0							
d	Lobbying	0							
e	Professional fundraising See Part IV, line 17	0							
f	Investment management fees	0							
g	Other	0							
12	Advertising and promotion	0							
13	Office expenses	0							
14	Information technology	0							
15	Royalties	0							
16	Occupancy	159,764	159,764						
17	Travel	0	139,704						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0							
19	Conferences, conventions, and meetings	0							
20	Interest	0							
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	0							
23	Insurance	83,501	83,501						
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)	03,301	03,301						
а	The Texas Mason	128,168	128,168						
b	Professional services	50,958	50,958						
c	Printing and Publications	73,096	73,096						
d	Officer expenses	78,708	78,708						
e	Masonic Educ & Svc Comm	73,702	73,702						
f	All other expenses	213,024	213,024						
25	Total functional expenses. Add lines 1 through 24f	1,133,054	1,133,054	0	0				
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	_,	2,233,001		orm 990 (2009)				

Pa	rt X	Balance Sheet			
			(A)		(B)
		Cook and unknown known	Beginning of year	1	End of year 207
	1	Cash—non-interest-bearing	620,466		415,672
	2	Savings and temporary cash investments	620,466		415,672
	3	Pledges and grants receivable, net	70.051	3	
	4	Accounts receivable, net	70,051	4	69,708
	5	Receivables from current and former officers, directors, trustees, key employed highest compensated employees. Complete Part II of	ees, and		
		Schedule L		5	0
	6	Receivables from other disqualified persons (as defined under section $4958(f)$ persons described in section $4958(c)(3)(B)$ Complete Part II of)(1)) and		
		Schedule L		6	0
ssets	7	Notes and loans receivable, net		7	0
8	8	Inventories for sale or use	198,618	8	250,158
⋖	9	Prepaid expenses and deferred charges	118,216	9	156,276
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
	ь	Less accumulated depreciation 10b		10c	0
	11	Investments—publicly traded securities	26,517,431	11	29,827,964
	12	Investments—other securities See Part IV, line 11		12	0
	13	Investments—program-related See Part IV, line 11		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	27,524,989	16	30,719,985
	17	Accounts payable and accrued expenses .	18,548,740	17	21,358,392
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es S	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u></u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	18,548,740	26	21,358,392
-S		Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27			
ġ		through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	5,314,377	27	5,722,847
8	28	Temporarily restricted net assets	2,071,771	28	2,040,505
Fund Balance	29	Permanently restricted net assets	1,590,101	29	1,598,241
Œ		Organizations that do not follow SFAS 117, check here ► ┌ and complete			
ŏ		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund	•	31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	8,976,249	33	9,361,593
	34	Total liabilities and net assets/fund balances	27,524,989	34	30,719,985

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
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			
	Separate basis Consolidated basis Both consolidated and separated 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?	3a		No
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	3b		No

Form **990** (2009)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133023601

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

erna	Il Revenue Service	► Attach to Fo	orm 990. F See separate instructions.			Inspec	tion
	me of the organi			Emp	loyer identificat	tion numb	er
	CIENT FREE & ACCE AND LODGE	PTED MASONS OF TEXAS		74-0	0485630		
Pa	rt I Organ	izations Maintaining Donor Ac	dvised Funds or Other Similar I			. Comple	te if the
	organiz	zation answered "Yes" to Form 99					
			(a) Donor advised funds	+	(b) Funds and ot	ther accou	nts
•	Total number a	·					
2		tributions to (during year)					
		nts from (during year)					
ŀ		le at end of year					
•	-		sors in writing that the assets held in do organization's exclusive legal control?	nor advı	sed	☐ Yes	☐ No
•	used only for c	- , , , , , , , , , , , , , , , , , , ,	donor advisors in writing that grant fund efit of the donor or donor advisor, or for a	•		┌ Yes	┌ No
Pai	rt III Conse	rvation Easements. Complete	ıf the organization answered "Yes"	to Form	n 990, Part IV	, line 7.	
	Purpose(s) of o	conservation easements held by the or	rganızatıon (check all that apply)				
	<u> </u>	ion of land for public use (e g , recreati	· · · · · · · · · · · · · · · · · · ·			•	a
	<u>'</u>	of natural habitat	Preservation of a	certified	d historic struct	ure	
	Preservati	ion of open space					
2	•	s 2a–2d if the organization held a quali he last day of the tax year	Ified conservation contribution in the for	m of a co	nservation		
					Held at the	End of the	Year
а		of conservation easements		2a			
Ь	_	restricted by conservation easements		2b			
С		servation easements on a certified his	, ,	2c			
d	Number of con	servation easements included in (c) ac	cquired after 8/17/06	2d			
3	Number of con	servation easements modified, transfe	erred, released, extinguished, or terminat	ted by th	e organization o	during	
	the taxable yea	ar >					
ļ	Number of stat	es where property subject to conserva	ation easement is located 🟲				
;		nization have a written policy regarding f the conservation easements it holds?	g the periodic monitoring, inspection, hai	ndling of	violations, and	☐ Yes	∏ No
;	Staff and volun	teer hours devoted to monitoring, insp	pecting and enforcing conservation ease	ments d	uring the year 🕨		
,	A mount of exp	enses incurred in monitoring, inspectii	ng, and enforcing conservation easemen	ts durınç	j the year ► \$ _		
3		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of se	ection		☐ Yes	┌ No
•	balance sheet,	and include, if applicable, the text of t	onservation easements in its revenue ar the footnote to the organization's financia	•	•		
		n's accounting for conservation easen					
telli	Comple	ete if the organization answered "	ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.				
.a	art, historical t	reasures, or other similar assets held	116, not to report in its revenue statem for public exhibition, education or resea ancial statements that describes these	rch ın fu			е,
b	historical treas	,	116, to report in its revenue statement public exhibition, education, or research s				
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets Inc	luded in Form 990, Part X			- \$		
2	If the organiza	•	orical treasures, or other similar assets S 116 relating to these items	for finan			
а	Pavanuas incli	ided in Form 990 Part VIII line 1			b - ¢		

Assets included in Form 990, Part X

Par	t IIII Organizations Maintaining Co	llections of Art,	His	tori	cal Tre	asur	es, or O	the	Similar	Asse	ts (cc	ontinued)
3	Using the organization's accession and other items (check all that apply)	rrecords, check any	of th	e foll					se of its co	llectioi	า	
а	Public exhibition		d	Γ	Loan o	rexcha	ange progr	ams				
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and explai	n hov	v they	/ further	the or	ganızatıon	's ex	empt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t	o be maintained as p	art o	fthe	organıza	atıon's	collection	?			Yes	┌ No
Pai	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	Y" t	es" to For	m 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						other ass	ets r	ot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	ollow	ıng ta	able		_					
										A mou	ınt	
С	Beginning balance							1c				
d	Additions during the year						<u> </u>	1d				
е	Distributions during the year						<u> </u>	1e				
f	Ending balance							1 f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							Γ	Yes	∏ No
ь	If "Yes," explain the arrangement in Part XIV											
Pa	rt V Endowment Funds. Complete						orm 990, Years Back		t IV, line Three Years I		A Four V	ears Back
1a	Beginning of year balance	(a)Current Year 4,803,135	(D	Prior 4	,812,849	(c) Iwo	Tears back	(a)	illiee fears i	DACK (E	e)rour r	ears back
b	Contributions	36,554			711							
c	Investment earnings or losses	559,640			262,772			+				
ď	Grants or scholarships	,			,			+				
e	Other expenditures for facilities and programs	150,000			254,000							
f	Administrative expenses	23,432			19,197							
g	End of year balance	5,225,897		4	,803,135							
2	Provide the estimated percentage of the yea	r end balance held a	s		'			_				
а	Board designated or quasi-endowment	34.350 %										
ь	Permanent endowment 55.820 %											
c	Term endowment ►											
3a	Are there endowment funds not in the posses	ssion of the organiza	tion t	:hat a	re held	and ad	mınıstered	l for t	:he			
	organization by								r		Yes	No
	(i) unrelated organizations			•				•		3a(i)		No
	(ii) related organizations									3a(ii)	<u> </u>	No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the	•						•		3b		No
	t VI Investments—Land, Buildings	<u>-</u>				Λ Par	t X line	1 በ				
	Description of investment	y and Equipmen	<u> </u>	(a	a) Cost or sis (invest	other	(b)Cost or basis (oth	other	(c) Accum		(d) B	ook value
	Land											
b	Buildings											
	Leasehold improvements											
d	Equipment											
e	Other											
	l. Add lines 1a-1e <i>(Column (d) should equal Fo</i>			, lıne	10(c).)				▶			

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(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		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,518,397
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,133,054
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	385,343
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	385,343
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	1,518,397
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,518,397
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,518,397
	Reconciliation of Expenses per Audited Financial Statements With Expenses	<u>per</u>	
1	Total expenses and losses per audited financial statements	1	1,133,054
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments	1	
с	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,133,054
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,133,054
Par	t XIV Supplemental Information		
<u> </u>	anista this newt to was under the decomptions was used for Down II lines 2. F. and O. Down III lines 1. and 4. D.		lunca the and the

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

additional information					
Ident if ier	Return Reference	Explanation			
Part X	Part X FIN48 Footnote	Financial Accounting Standards Board (FASB) Interpretation No 48 (FIN 48), "Accounting for Uncertainty in Income Taxes," requires disclosure of income tax uncertainties in the financial statements. Issues and positions taken are to be identified in the notes to an organization's financial statements. The effective date for implementation of this standard was extended to cover financial statements for years beginning after. December 15, 2009, therefore the fiscal year ending October 31, 2010 is the first year for the Grand Lodge to include the required disclosures in its report. Its method for evaluating any uncertain tax positions is to consider tax matters as a regular agenda item for each meeting of the Grand Lodge Trustees. As of October 31, 2010, there were no uncertain tax positions that had been identified and none were under consideration.			
Part V, Line 4	Part V , Line 4 Intended uses of the endowment fund	Permanently Restricted Net AssetsSubstantially all the Grand Lodge permanent restrictions on net assets at the end of October, 2008 related to permanent endowment funds created by contributions from individuals. Several years in the past, the Grand Lodge Trustees saw a need to provide for the endowment of the Grand Lodge as an ongoing institution. This was done by several means which included soliciting contributions from Masons in Texas and the distribution of promotional labels and pins with a solicitation for contributions. These solicitations were accompanied with the stipulation that the monies were to be deposited in an endowment fund from which only the investment earnings would be withdrawn for the future benefit of the Grand Lodge. The trustees also elected to retain only \$1,000,000 of accumulated net operating revenues as unrestricted fund balance and to transfer any excess to the permanently restricted Funded Endowment Fund. The result of these efforts is that the Funded Endowment Fund has been created with a permanently restricted balance of \$1,598,241 and a board designated balance of unrestricted net assets in the amount of \$3,627,656 as of October 31, 2010, from which only future investment earnings will be withdrawn.			

Software ID: **Software Version:**

EIN: 74-0485630

Name: ANCIENT FREE & ACCEPTED MASONS OF TEXAS

GRAND LODGE

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133023601

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

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

► Attach to Form 990.

Name of the organization

ANCIENT FREE & ACCEPTED MASONS OF TEXAS

GRAND LODGE

Employer identification number

74-0485630

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Upon request

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Trustees annually confirm individually to independent auditors that there are no conflicts of interest

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 11	· · · · · · · · · · · · · · · · · · ·	Trustees review 990 after it has been prepared by independent CPA firm and review ed with the Grand Secretary

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 6	Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	Past Masters of constituent Lodges in Texas are non-dues-paying members of the Grand Lodge of Texas Each constituent Lodge in Texas is a dues-paying member and is represented by their officers at the Grand Lodge of Texas

ldentifier	Return Reference	Explanation	
Form 990, Part III, Line 4d	, ,	OTHER PROGRAM SERVICES 4 The organization makes contributions to affiliated charitable organizations	

Additional Data

Software ID:

Software Version:

EIN: 74-0485630

Name: ANCIENT FREE & ACCEPTED MASONS OF TEXAS

GRAND LODGE

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
The Texas Mason	128,168	128,168		
Professional services	50,958	50,958		
Printing and Publications	73,096	73,096		
O fficer expenses	78,708	78,708		
Masonic Educ & Svc Comm	73,702	73,702		