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efile GRAPHIC print - DO NOT PROCESS

A For the 2011 calendar year, or tax year beginning 12-01-2011

C Name of organization
ANCIENT FREE & ACCEPTED MASONS II

As Filed Data -

DLN: 93492238001153

D Employer identification number

2011

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

B Check if applicable

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)

Short Form

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

, and ending 11-30-2012

Open to Public Inspection

\square Ad	ddress	change ANCIENT FREE & ACCEPTED MASONS II	42-081943	3				
	ame change Number and street (or P O box, if mail is not delivered to street address) Room/suite			E Telephone number				
_	ıtıal ret							
_	ermınat		roup Evor	untion				
_	mended	roup Exemption umber 🕨						
	рысац	on pending						
		required to (Form 990,	attach S	organization is not chedule B , or 990-PF)				
		t status(check only one)— 501(c)(3) 501(c)(8) ◀(insert no) 4947(a)(1) or 527						
norm	nally r	If the organization is not a section 509(a)(3) supporting organization or a section 527 organization of the organization of the organization of the organization of the organization chooses to file a return, be sure to file a complete return						
L Add more,		5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, Form 990 instead of Form 990-EZ * \$ 63,148	column (B) below) are \$500,000 or				
	rt I	<u> </u>	uctions fo	or Part I)				
	1	Contributions, gifts, grants, and similar amounts received	1	77				
	2	Program service revenue including government fees and contracts	2					
	3	Membership dues and assessments	3	1,426				
	4	Investment income	4	61,645				
	5a	Gross amount from sale of assets other than inventory 5a						
<u>a</u>	ь	Less cost or other basis and sales expenses 5b	0					
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)						
	6	Gaming and fundraising events						
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)						
	b	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)						
		6b	<u>o</u>					
	с	Less direct expenses from gaming and fundraising events 6c	0					
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d					
	7a	Gross sales of inventory, less returns and allowances						
	ь	Less cost of goods sold	0					
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
	8	Other revenue (describe in Schedule O)	8					
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	63,148				
	10	Grants and similar amounts paid (list in Schedule O)	10	16,244				
	11	Benefits paid to or for members	11					
	12	Salaries, other compensation, and employee benefits	12	_				
Expenses	13	Professional fees and other payments to independent contractors	13					
	14	Occupancy, rent, utilities, and maintenance	14	9,246				
)dx	15	Printing, publications, postage, and shipping	15	1,103				
ш	16	Other expenses (describe in Schedule O)	16	8,348				
	17	Total expenses. Add lines 10 through 16	17	34,941				
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	28,207				
etAssets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	10	20,207				
A.S	-	end-of-year figure reported on prior year's return)	19	422,221				
Net	20	Other changes in net assets or fund balances (explain in Schedule O)	20					
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	450,428				
			41	.55,.20				

Part Balance Sheets					_
Check if the organization used	Schedule O to respond to	any question in this P	art II		<u></u>
(See the instruc	tions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .			420,379	22	449,40
23 Land and buildings		🗀		23	
24 Other assets (describe in Schedule O)		1,842	24	1,02
25 Total assets		🗀	422,221	25	450,42
26 Total liabilities (describe in Schedule	0)			26	
27 Net assets or fund balances (line 27 o	f column (B) must agree wi	th line 21)	422,221	27	450,42
Part III Statement of Program Check if the organization used			art III .		Expenses equired for section 501
What is the organization's primary exempt Charitable and affiliation with Grand Lodge				org	(3) and 501(c)(4) anizations and sectior 47(a)(1) trusts,
Describe the organization's program service measured by expenses. In a clear and con- benefited, and other relevant information for	cise manner, describe the s		_		nonal for others)
28 Student Scholarships (Grants \$ 10,000) If the	s amount includes foreign	grants, check here .	▶┌	28a	
29 Charitable Contributions (Grants \$ 6,244) If the	s amount includes foreign	grants, check here .	▶┌	29a	
30 Program Service Expenses (Grants \$ 18,697) If the	s amount includes foreign	grants, check here .	▶┌	30a	
31 Other program services (describe in Sc (Grants \$) If the	hedule O) s amount includes foreign	grants, check here	 ▶ ┌	31a	
32 Total program service expenses (add lin				32	34,94
Part IV List of Officers, Directors, Tru				truction	ns for Part IV)
Check if the organization used (a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit p	lans 8	(e) Expense account and other allowances
See Additional Data Table					

Pa	Check if the organization used Schedule O to respond to any question in this Part V			
	Check if the organization used Schedule O to respond to any question in this Part V		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
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, explain in Schedule O why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	35b		No
c	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If Yes, 'complete Schedule C, Part III	35c		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 37a			111
	Did the organization file Form 1120-POL for this year?	37b		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 tax year 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			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities 39b 0			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I			
		40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
е	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		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of LARRY MARTENS Telephone no	(56	3)886	-6647
	1091 230TH STREET Located at ► TIPTON, IA ZIP + 4 ■	5	2772	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		l	l
_	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 ?	42 c		Νo
	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			
			Vaa	No
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44a		No
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	-		
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation	44c		No
_	In Schedule O	44d		No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	l		
4	Dod the amount of the control of the	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form990-EZ (see instructions)	45b		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer quest 47-499 and 52. Check if the organization used Schedule O to respond to any question in this Part VI 17 Did the organization engage in libbying activities or have a section 501(h) election in effect during the tax year? 18 Is the organization as chool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49a Did the organization make any transfers to an exempt non-charitable related organization? 49b Lif "Yes," was the related organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter "None" 19 Name and address of each employee paid over \$100,000 of compensation from the organization if there is none, enter "None" 19 Total number of other employees paid over \$100,000 of compensation from the organization of the organization of the organization if the paid of the organization of the paid more than \$100,000 of compensation from the organization of the paid of the
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer question 47-49b and 52. Check if the organization used Schedule O to respond to any question in this Part VI The property of the organization and section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 47
Check if the organization used Schedule O to respond to any question in this Part VI Yes Yes Yes Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 (a) Name and address of each independent contractor paid more than \$100,000 Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 (b) Type of service (c) Compensation who each received more than \$100,000 (b) Type of service (c) Compensation of (c) Type of Service (c) C
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49a Did the organization make any transfers to an exempt non-charitable related organization? 49b If "Yes," was the related organization a section 527 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None" (a) Name and address of each employee paid over \$100,000 of compensation devoted to position NONE (b) Title and average hevoted to position (c) Compensation (d) Contributions to employee employee employee benefit plans & deferred compensation other allowand other allowand other allowand other allowand other allowand of compensation from the organization if there is none, enter "None" Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 (b) Type of service (c) Compensation (b) Type of service (c) Compensation
If "Yes," complete Schedule C, Part II 48
49a Did the organization a school described in section 170 (b)(1)(A)(A)(II) 17 18s, complete schedule 2 49a Did the organization make any transfers to an exempt non-charitable related organization? 49b
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None " (a) Name and address of each employee paid more than \$100,000 of compensation from the organization If there is none, enter "None " (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans & deferred compensation (e) Expense account and other allowand other all
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f Total number of other employees paid over \$100,000
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Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation.
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Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation.
d Total number of other independent contractors each receiving over \$100,000
Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable true must attach a completed Schedule A
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h knowledge.
Sign ****** 2013-08-26 Date
Here Larry Martens Secretary Type or print name and title
Preparer's signature KARLA J GAUL CPA Date Check if self- (See instructions)
Paid employed F
Paid employed Preparer's Firm's name (or yours Gaul & Associates PC
Paid employed F employed F EIN F Use Only If self-employed), EIN F

Form 990-EZ (2011)

Page **4**

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492238001153

OMB No 1545-0047

Employer identification number

SCHEDULE 0 (Form 990 or 990-EZ)

Name of the organization

Form 990-EZ, Part I,

Line 16 1009

Other

Expenses 1009

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

ANCIENT FREE & ACCEPTED	MASONS II	42-0819433
Identifier	Return Reference	Explanation
identifier	Return Reference	Lapianation
Form 990-EZ, General Explanation 1	Form 990-EZ, Part I, Line 10	Cash Amounts Given to Charitable Organizations-All Receiving Less Than \$5,000 00 Total Given \$6,244 00Cash Amounts Given to Individuals as Scholarships-All Receiving Less Than \$5,000 00 Total Given \$10,000 00
Form 990-EZ, Part II, Line 24 1005	Other Assets 1005	Accounts Receivable - Beginning \$1842 Accounts Receivable - Ending \$1024
Form 990-EZ, Part I, Line 16 7	Other Expenses 7	Public Relations \$259
Form 990-EZ, Part I, Line 16 6	Other Expenses 6	Miscellaneous \$325
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Ladies Night Expense \$725
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Grand Lodge Dues \$1153
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Contract Labor \$1500
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Lodge Expense \$2253
Form 990-EZ, Part I, Line 16 1012	Other Expenses 1012	Insurance \$1202

Depreciation \$931

Additional Data

Software ID: 11000144

Software Version: 2011v1.5

EIN: 42-0819433

Name: ANCIENT FREE & ACCEPTED MASONS II

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Wendell Beckley 303 East 2nd Street Tıpton,IA 52772	Marshall 1 00	0		
Richard Moon 109 East 8th Street Tipton, IA 52772	Chaplain 1 00	0		
Brett Eggert 2 Walnut Court Tıpton, IA 52772	Treasurer 1 00	0		
John Kauffman 977 Virginia Avenue Bennett, IA 52721	Jr Warden 1 00	0		
William Esbeck 711 Lynn Street Tipton, IA 52772	Sr Warden 1 00	0		
Larry Martens 1091 230th Street Tıpton,IA 52772	Secretary 1 00	0		
David Tripp 420 West 8th Street Tipton, IA 52772	W Master 1 00	0		