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## Form **990**

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the	2013 calen	dar year, or tax	year begin	nning		, 201	3, and	endin	g			,	
В	Check if a	pplicable	C Name of organ	ization ANC	IENT FREE	& ACCEPT	ED MASONS (	OF 12	5 PON	D CREEK	D Employ	er Ider	ntification Number	
	Addr	ess change	Doing Business								73~	6098	3247	
	Nam	e change	Number and st	reet (or P O bo	x if mail is not de	livered to street	address)		Room/s	uite	E Telepho			
	Initia	ıl return	ро вох 68	17					1		(58)	በነ ፣	532-6458	
	Tem	ninated			country, and ZIF	or foreign posi	tal code				1 (33	<u> </u>	332 0130	
	<b>⊢</b> ⊣	nded return	POND CREE	· K			OK	. 72	766		G Gross	ecountr	\$ 293,376.	
	<del></del>	ication pending	F Name and add		officer		OR	. / 3		H(a) Is this a	group return			XNo
		ication pending		•		DOM	CDDDV C			• •	-		<b>⊟</b> '**	H <sub>No</sub>
_	Towar	ampl status	CECIL HOA	X 501(c) (		insert no )		K 73	766	If 'No,'	subordinates attach a list. (:	see inst	tructions)	□
<del>!</del>		empt status		X 201(C) (	10 ) (	inserrino)	4947(a)(1) c	)	527				• 0650	
<u>, , , , , , , , , , , , , , , , , , , </u>		site: ► N/			<del></del>					<del>``</del>	exemption nu		0650	
K		forganization	X Corporation	Trust	Association	Other -		Year of	f formatio	196	9   M S	State of	legal domicile OK	
Pa		Summar												
	1 B	netry describ	e the organizati	ion s missioi	n or most sig	nificant acti	vities: Pi	KOATDE	SCHOLA	RSHIPS, PO	BPIC SCHOO	F & C.	OMMUNITY_SERVICE_FU	JNDING
ce	_				<del>_</del>				- <del></del> -	- <del>-</del>				
nar	-													
Governance	2 Č	heck this bo	∠ ► Tufthe	organization		d its operati	ons or dispos	_ ~ _ ed of r		an 25% o				
Go	_		ing members of									3	1	87
વ્ય			ependent voting									4		87
Activities &			of individuals er									5		0
ţį			of volunteers (e									6		35
Ac	7a T	otal unrelate	d business reve	nue from Pa	art VIII, colun	nn (C), line	12					7a		0.
	bΝ	et unrelated	business taxabl	le income fr	om Form 990	D-T, line 34			<u>.</u> .			7b		
							-			P	rior Year		Current Yea	r
đ)	8 C	ontributions	and grants (Par	t VIII, line 1I	h)						12,9	65.	13,0	)66.
Ž	<b>9</b> P													
Revenue			ome (Part VIII,								7,7		193,6	
<b>~</b>			(Part VIII, colu								544,5		85,2	
			<ul> <li>add lines 8 th</li> </ul>							<del></del>	<u> 565,2</u>		291,9	
			nılar amounts p	-					$\mathbb{C}_{i}[M_{i}]$	L ! }	14,4		18,9	<u> 36.</u>
	14 B										2,5	63.		
တ	<b>15</b> S	Salaries, other compensation, employee benefits (Part IX, column (A) hes 510p · 0 8 · 20											1,2	200.
use	16a P	rofessional fo	ındraising fees	(Part IX, col	umn (A), lıne	:11e)	[ <b>,ū]</b>			*				
Expenses	ь т	Total fundraising expenses (Part IX, column (D), line 25) ►										igas eras la		
Ω	<b>17</b> O	ther expense	es (Part IX, colu	mn (A), line	s 11a-11d, 1	1f-24e)	LVU	UE	N	1 3	17,5	05.	11,2	253.
			s. Add lines 13-								34,5		31,3	
	<b>19</b> R	evenue less	expenses. Subt	ract line 18	from line 12		. <b></b>		<b>.</b> .		530,7		260,5	
Net Assets or Fund Balances			· · · · · · · · · · · · · · · · · · ·			<del></del>				Beginnin	q of Curren			
afar	<b>20</b> To	otal assets (F	Part X, line 16)								957,6		1,177,3	33.
P A	21 To	otal habilities	(Part X, line 26	)								0.		0.
žΞ	22 N	et assets or t	und balances S	Subtract line	21 from line	20	. <b></b> .				957,6	46.	1,177,3	33.
Pa	rt II🕵	Signatur	Block							·				
			are that I have exam	ned this return,	including accom	panying schedu	lles and statement	s, and to	the best	of my knowle	edge and beli	ef, it is t	true, correct, and	
comp	lete. Decla	ration of prepare	r (other than officer)	ıs based on a <b>y</b> i ı	nformation of wh	ich preparer ha	s any knowledge			-		_		
			ul)	): <i>Also</i>	ar					0	8/14/1	4		
Sig	n	Signatur	e of officer	, , , , , , , , , , , , , , , , , , ,						Dat	e			
Her	·e	CECI	L HOAR							Secre	tary			
		Type or p	onnt name and title.											
		Print/Type pri	eparer's name		Preparer's sign	nature		Date			Check	ıf	PTIN	
Pai	d									I	self-employed	ď		
	parer	Firm's name	<b>&gt;</b>		·		<del></del>						<u> </u>	
	Only	Firm's addres	s •								Firm's EIN ►			
	•							-			Dhana ==			

May the IRS discuss this return with the preparer shown above? (see instructions) . .

No

Yes

	n 990 (2013) ANCIENT FREE & ACCEPTED MASONS OF 125 POND CREEK /3-609824	Page 2
Par	rt III	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
1	Briefly describe the organization's mission:	
	PROVIDE SCHOLARSHIPS, PUBLIC SCHOOL & COMMUNITY SERVICE FUNDING	
2	Did the organization undertake any significant program services during the year which were not listed on the prior	
		Yes X No
	If 'Yes,' describe these new services on Schedule O.	
3		Yes X No
	If 'Yes,' describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by ex Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and alloc	oenses ations to
	others, the total expenses, and revenue, if any, for each program service reported.	
4 a	a (Code: ) (Expenses \$ Including grants of \$ 6,000.) (Revenue \$	)
	DOND CDEEK WINDED DOUGAMIONAL POINDAMION \$1000	
	FFA & 4-H LIVESTOCK EXHIBITORS, \$5000	
	~=	
	~	
	~	
		<del></del>
4 b	b (Code ) (Expenses \$ Including grants of \$1, 686.) (Revenue \$	)
	OK.ED TELEVISION, \$200; PREVENT BLINDNESS CAMERA, \$500; FOOD BANK, \$120	
	CHRISTMAS FOR NEEDY, \$866	
4 c	c (Code ) (Expenses \$ including grants of \$ 11,250.) (Revenue \$	)
	SCHOLARSHIPS, ESSAY CONTESTANST, AND TEACHERS, \$10,500	······································
	SCHOLARSHIP BANQUET, \$750	
4 d	Other program services (Describe in Schedule O.)	<del> </del>
- •	(Expenses \$ including grants of \$ ) (Revenue \$	)
4 e	e Total program service expenses ►	
	,	

Checklist of Required Schedules

No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Schedule A . . . . . . . . . Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . 2 Х 3 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III . 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the Χ environment, historic land areas, or historic structures? If Yes,' complete Schedule D, Part II . . . . . . . . 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation q Х Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a Х 11 b Х 11 c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Χ 11 d Х e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X... 11 e f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X. Χ 11 f Χ 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and Х if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . 12 b Х Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. . . . . . . . . . . . 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Х 14b Х 15 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If Yes,' complete Schedule G, Part I (see instructions) 17 Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, Χ 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' Х 19 Х 20 b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . . . . . . . . .

Forn	n 990 (2013) ANCIENT FREE & ACCEPTED MASONS OF 125 POND CREEK	73-6098247		F	age 4
Pa	rt IV Checklist of Required Schedules (continued)				
				Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		21		х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	Part	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	8	23		х
24 8	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25a		24a		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<del> </del>	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to d	efease	24c		
	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	ļ	24d		
	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction vidisqualified person during the year? If 'Yes,' complete Schedule L, Part I	vith a	25a		
ŀ	b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior ye that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' com Schedule L, Part I	plete	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any curren former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	tor	26		Х
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family me of any of these persons? If 'Yes,' complete Schedule L, Part III	ıl mber	27		X
	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)	4	*	<b>5</b>	
ā	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	s an	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	[:	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conserve contributions? If 'Yes,' complete Schedule M	ation	30_		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part	/ · · · · · · [:	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations se 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	ctions	33		Х
34	and V, line 1		34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>_</u> ;	35a		X
b	olf 'Yes' to line 35a, 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,' complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If Yes, complete Schedule R, Part V, line 2		36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	d that is	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19 <b>Note.</b> All Form 990 filers are required to complete Schedule O	?	38	х	

BAA

Form 990 (2013)

# Form 990 (2013) ANCIENT FREE & ACCEPTED MASONS OF 125 POND CREEK Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V		• • • •	• • •	
			Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		이 🐺	17.00	127
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	.   1b	이 🥻	1	
c Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	.   2 a	0	1,0	(1) (1) (2) (2)
b If at least one is reported on line 2a, did the organization file all required federal employment ta		2 b	4	-
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instri		A,62.5	3323	X.
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3 a	,	X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b		<del>                                     </del>
4 a At any time during the calendar year, did the organization have an interest in, or a signature or financial account in a foreign country (such as a bank account, securities account, or other financial account.	other authority over, a	4 a		x
b If 'Yes,' enter the name of the foreign country:	anciar accounty:	7 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	183
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Fin	nancial Accounts			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax ye		5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter t		5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		<del>                                     </del>
-		100		<del> </del>
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and solicit any contributions that were not tax deductible as charitable contributions?	d did the organization	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such cont not tax deductible?	tributions or gifts were	6 b		
7 Organizations that may receive deductible contributions under section 170(c).		ZULA.	NOTE:	
a Did the organization receive a payment in excess of \$75 made partly as a contribution and part services provided to the payor?	tly for goods and	7 a	73	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which Form 8282?		7 c		
d If 'Yes,' indicate the number of Forms 8282 filed during the year	.   7d		\$ 3 d ( )	interior (S
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal be	<del></del>	ششد 7e		
f Did the organization receive any lunds, directly or indirectly, to pay premiums on a personal benefit		7 f		
		<del></del>		
g if the organization received a contribution of qualified intellectual property, did the organization as required?		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the or Form 1098-C?	rganization file a	7 h		Childr a
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) suppo supporting organization, or a donor advised fund maintained by a sponsoring organization, hav holdings at any time during the year?	orting organizations. Did the ve excess business	8		
9 Sponsoring organizations maintaining donor advised funds.		14 Se		20 mm 1 mm
a Did the organization make any taxable distributions under section 4966?		9 a		AND AND AND
b Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		
10 Section 501(c)(7) organizations. Enter:		Y:38		. S. C. L.
a Initiation fees and capital contributions included on Part VIII, line 12	. 10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	. 10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	.   11 a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	. 116			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu o	<u> </u>	12 a	1 m	<u> </u>
b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		17.103	.B.Zra	180.00
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	120	T. B. B. B.		
a Is the organization licensed to issue qualified health plans in more than one state?		13a	de la	
Note. See the instructions for additional information the organization must report on Schedule C		27.7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<b>]</b>
b Enter the amount of reserves the organization is required to maintain by the states in		1		建门
which the organization is licensed to issue qualified health plans	. 13 б			
c Enter the amount of reserves on hand	. 13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Sche	edule O	14 b		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent . . . . . 87 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents Х Х Did the organization become aware during the year of a significant diversion of the organization's assets? Х 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 h X 42 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a Х X 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Χ organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O . . . . . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code., No Х 10 a h If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . . Х 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 102.23 X 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 . . . . . . . . . 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c 13 Х Х 14 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? 15 a Х X 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 44 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its · Ping 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?.......... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Oklahoma Section 6104 requires an organization to make its Forms 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 Other (explain in Schedule O) Another's website Upon request 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 during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization CECIL HOAR POND CREEK (580) 532-6458PO BOX 164

Form 990 (2013)	ANCIENT FREE & AC	CCEPTED MASONS OF	125 POND CREEK	73-6098247	Pac
			240 20112 0112211		5

Part VII.	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(2) RAYMOND SMITH       1.00       X       0.       0.       0         SR. WARDEN       X       0.       0.       0.       0         (3) DENIS SCHULTZ       0.50       X       0.       0.       0.       0         TREASURER       X       0.       0.       0.       0.       0       0         (4) CECIL HOAR       3.00       X       1,200.       0.       0         (5) BILLY SCHULTZ       1.00       0.       0.       0.       0	c	Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
Company   Comp	(A) Name and Title		Average hours per	Position (do not check more than one box, unless person is both an						Reportable	Reportable compensation from	Estimated	
Column			week (list any hours for related organiza- tions below dotted	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	the organization (W-2/1099-MISC)  Thighest compensated			from the organization and related	
(2) RAYMOND SMITH 1.00			_2.00							_			
SR. WARDEN   X			1 00	ļ	ļ	X				0.	0.	0.	
(3) DENIS SCHULTZ			- ± • 00			v	]			0	_	0.	
TREASURER  (4) CECIL HOAR  SECRETARY  (5) BILLY SCHULTZ  JUNIOR WARDEN  (6)  (7)  (8)  (9)			0.50	<u> </u>		$\hat{}$	-				0.	<u>~_</u>	
SECRETARY   X   1,200.   0.   C						Х				0.	0.	0.	
JUNIOR WARDEN X 0. 0. C  (6)	_		_3.00			Х				1,200.	0.	0.	
(8) (9) (10)			1.00			Х				0.	0.	0.	
(8) (9) (10)	(6)												
(10) (10)	_(7)_												
(10)	(8)												
	<u>(9)</u>												
(11)	(10)_												
	(11)_												
(12)	(12)_												
(13)	<u>(13)</u>							-				<del></del>	
(14)	(14)_		<b></b>										

(A) Name and title	Average hours per	(do	not o	Pos check ess pe	c) more erson i	than this Highest compensated	one i an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F)  Estimated amount of other compensation from the organization and related organizations
(15)										
(16)		-	-				-			
(17)										
(18)		-								
(19)										
(20)										
(21)							-			
(22)										
(23)										
(24)										
<u>(25)</u>										
1 b Sub-total	on A					!	<b>A</b>	1,200.	0.	0.
2 Total number of individuals (including but not limited from the organization ►	to those I	ısted	abo	ve)	who	rece	ivec		00 of reportable con	
on line 1a? If 'Yes,' complete Schedule J for such in  4 For any individual listed on line 1a, is the sum of rec	3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual							منتف تنظم المنسعة بالمستخفية		
<ul><li>such individual</li></ul>	the organization and related organizations greater than \$150,000? If Yes' complete Schedule J for such individual									
for services rendered to the organization? If Yes, 'c. Section B. Independent Contractors										.  5   X
1 Complete this table for your five highest compensation from the organization. Report compensation.	ed indepernsation for	the o	con	trac ndar	tors yea	that i	rece	eived more than \$10 with or within the o	00,000 of organization's tax yea	ar.
(A) Name and business addre	ss							(B) Description of	services	(C) Compensation
Total number of independent contractors (including \$100,000 of compensation from the organization	but not lim	ited t	o the	ose I	listed	d abo	ove)	who received more	e than	

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) (B) Unrelated Total revenue Related or Revenue excluded from tax exempt business function revenue under sections revenue 512-514 1 a Federated campaigns . . . 1 a GRANTS **b** Membership dues 1 b 2.462 1 c c Fundraising events . . . CONTRIBUTIONS, GIFTS, d Related organizations . . . 1 d e Government grants (contributions) . . 1 e f All other contributions, gifts, grants, and similar amounts not included above . . 10,604 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f . . . . . . PROGRAM SERVICE REVENUE **Business Code** f All other program service revenue Investment income (including dividends, interest and 193,607 193,607 Income from investment of tax-exempt bond proceeds . . . (ı) Real (II) Personal 6 a Gross rents . . . . . 14,540 b Less rental expenses 1,417 c Rental income or (loss) . . d Net rental income or (loss) . (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory **b** Less cost or other basis and sales expenses . . . c Gain or (loss) . . . . d Net gain or (loss). . . . . . . . . . . . . 8 a Gross income from fundraising events OTHER REVENUE (not including . . \$ of contributions reported on line 1c). See Part IV, line 18. . . . . . . . . **b** Less direct expenses . . . . . . . c Net income or (loss) from fundraising events . . . . . . . . **9 a** Gross income from gaming activities. See Part IV, line 19. . . . . . . . . . b Less direct expenses . . . . . . . c Net income or (loss) from gaming activities . . . . . . . . 10a Gross sales of inventory, less returns b Less cost of goods sold . . . . . . . c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue . . . . . e Total. Add lines 11a-11d . . .

12

291,

959

278,893

0

Part IX Statement of Functional Expenses

	Check if Schedule O contains a r	response or note to any l	ine in this Part IX		· · · · · · · · · · · · · · · · · · ·
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	18,936.	18,936.	THE PERSON	
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			EFFICE EAS	and a second control of the
5	Compensation of current officers, directors, trustees, and key employees	1,200.	1,200.		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
Ł	Legal				
	Accounting				
	Lobbying				
e	Professional fundraising services See Part IV, line 17 .			AMENDE SET !	
f	Investment management fees				
Ī	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion	1 250	1 250		
13	<b>'</b>	1,358.	1,358.		
14	Information technology				
15	Occupancy	6 204	6,284.		
16		6,284.	0,204.		
17					
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				<u> </u>
21	Payments to affiliates				<del> </del>
22	Depreciation, depletion, and amortization				
23	Insurance	880.	880.		The statement of the st
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses				
	in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
9		1.545.	1.545.	A del Long to be better to a del Laborator to	THE STREET STREET
b	REFRESHMENT	1,545.	1,343.		
d	PER CAPITA FEE	1,186.	1,186.		
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e.	31,389.	31,389.		
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here				
	SOP 98-2 (ASC 958-720)		]		

Part X Balance Sheet

	•	Check if Schedule O contains a response or note to any line in this Part X $\dots$			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	39,922.	1	25,708.
	2	Savings and temporary cash investments	736,724.	2	970,625.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		2.12	
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
_ i	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Ą	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
Ţ	9	Prepaid expenses and deferred charges	-	9	
٦	•	1	Chille Market Control	23.23	100 Jan 100 Ja
	10 a	Land, buildings, and equipment: cost or other basis.  Complete Part VI of Schedule D			
		Less. accumulated depreciation 10 b		10 c	101 000
	11	Investments — publicly traded securities	181,000.	11	181,000.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	<u> </u>
			057.646	16	1 177 222
	16	Total assets. Add lines 1 through 15 (must equal line 34)	957,646.	17	1,177,333.
- 1	18	Grants payable		18	
l	19	Deferred revenue		19	<u> </u>
.	20	Tax-exempt bond liabilities		20	
[]	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
â	22	Loans and other payables to current and former officers, directors, trustees,			NA TOUR RELIEF AND AND
LIABILIT	22	key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
Ţ	23	Secured mortgages and notes payable to unrelated third parties		23	
S	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
ZET		Organizations that follow SFAS 117 (ASC 958), check here ▶ and complete		4	<b>一种一种不是一种</b>
. !		lines 27 through 29, and lines 33 and 34.		7.00	
ŝ	27	Unrestricted net assets		27	
ASSETS	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34.			
בטבם	30	Capital stock or trust principal, or current funds	The state of the s	30	<u> </u>
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
2	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALAZOES	33	Total net assets or fund balances	0E7 646	33	1 177 222
Ĕ	34	Total liabilities and net assets/fund balances	957,646.		1,177,333.
<u> </u>	34	total reconstruction and their assets/refit balances	957,646.	34	1,177,333.

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Form 990 (2013) ANCIENT FREE & ACCEPTED MASONS OF 125 POND CREEK	/3-609	38247	ł	Page 12
Part XI Reconciliation of Net Assets				
Check if Schedule O contains a response or note to any line in this Part XI				[
1 Total revenue (must equal Part VIII, column (A), line 12)	1		291,	959.
2 Total expenses (must equal Part IX, column (A), line 25)	2			389.
3 Revenue less expenses Subtract line 2 from line 1	3			570.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			646.
5 Net unrealized gains (losses) on investments	5			
6 Donated services and use of facilities	6			
7 Investment expenses				
8 Prior period adjustments	J			
9 Other changes in net assets or fund balances (explain in Schedule O)	9			
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	40			222
Part XII Financial Statements and Reporting	10	<del></del>	1,177,	<u> 333.</u>
				_
Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	• • • • •	<del></del>	<u>L</u>
			Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other		📝		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		18 C		
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?		[	2 a	Х
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:	ved on a			
Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?		• • •	2 b	X
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both.	rate	35		
Separate basis Consolidated basis Both consolidated and separate basis		Ş		
	f the qualit	32		n Barrel
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	ine addit,		2 c	***
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	∍ Single · · · · · · ·		3 a	Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re-	quired audıt			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u>.</u>		3 b	
BAA		F	orm <b>990</b>	(2013)

## SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public

ANG	CIENT FREE & ACCEPTED MASONS OF 125 POND CREEK		73-6098247					
Pai	Organizations Maintaining Donor Advised Funds or C	Other Similar Fu	inds or Accounts.					
Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.								
	(a) Donor advis	ed funds	(b) Funds and other accounts					
1	Total number at end of year							
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in writing that the are the organization's property, subject to the organization's exclusive legal of	assets held in donor a control?	advised funds					
6	Did the organization inform all grantees, donors, and donor advisors in writing for chantable purposes and not for the benefit of the donor or donor advisor, impermissible private benefit?	or for any other purpo	ose conferring					
Par	Conservation Easements.							
	Complete if the organization answered 'Yes' to Form 990							
1	Purpose(s) of conservation easements held by the organization (check all the							
	Preservation of land for public use (e.g., recreation or education)	$\vdash$	of an historically important land area					
	Protection of natural habitat	Preservation of	of a certified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qualified conservation last day of the tax year.	n contribution in the fo	orm of a conservation easement on the					
	last day of the tax year.		Held at the End of the Tax Year					
	Total number of conservation easements							
	Total acreage restricted by conservation easements							
	: Number of conservation easements on a certified historic structure included i							
C	I Number of conservation easements included in (c) acquired after 8/17/06, an structure listed in the National Register		. 2 d					
3	Number of conservation easements modified, transferred, released, extinguistax year ►	shed, or terminated by	y the organization during the					
4	Number of states where property subject to conservation easement is located	d ►	_					
5	Does the organization have a written policy regarding the periodic monitoring and enforcement of the conservation easements it holds?	, inspection, handling	of violations,					
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing co	nservation easement	ts during the year					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conser ►\$	vation easements du	ring the year					
8	Does each conservation easement reported on line 2(d) above satisfy the recand section 170(h)(4)(B)(II)?							
9	In Part XIII, describe how the organization reports conservation easements in include, if applicable, the text of the footnote to the organization's financial statements.	its revenue and expe atements that describ	ense statement, and balance sheet, and es the organization's accounting for					
Par	Organizations Maintaining Collections of Art, Historic Complete if the organization answered 'Yes' to Form 990	cal Treasures, or , Part IV, line 8.	r Other Similar Assets.					
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to re art, historical treasures, or other similar assets held for public exhibition, educ in Part XIII, the text of the footnote to its financial statements that describes the	cation, or research in	atement and balance sheet works of furtherance of public service, provide,					
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to repor historical treasures, or other similar assets held for public exhibition, educatio following amounts relating to these items	t in its revenue stater n, or research in furth	ment and balance sheet works of art, nerance of public service, provide the					
	(i) Revenues included in Form 990, Part VIII, line 1							
	(ii) Assets included in Form 990, Part X							
2	If the organization received or held works of art, historical treasures, or other amounts required to be reported under SFAS 116 (ASC 958) relating to these		ncial gain, provide the following					
а	Revenues included in Form 990, Part VIII, line 1		▶\$					
	Assets included in Form 990, Part X							

			OF 125 POND CREE			Page
Partill Organizations Mainta	ining Collection	ns of Art, Hist	orical Treasures,	or Other Similar Ass	ets (contii	nued)
3 Using the organization's acquisition items (check all that apply):	in, accession, and oth	her records, check	any of the following that	at are a significant use of its	s collection	
a Public exhibition		d Loan	or exchange programs			
<b>b</b> Scholarly research		e Othe				
c Preservation for future genera						
4 Provide a description of the organi Part XIII		·				
5 During the year, did the organization to be sold to raise funds rather that	on solicit or receive o	ionations of art, hi s part of the organ	storical treasures, or oti nization's collection?	ner similar assets	Yes	No
Part IV Escrow and Custodia line 9, or reported an a	al Arrangements	. Complete if t	he organization an			
1 a is the organization an agent, truste on Form 990, Part X?					Yes	No
<b>b</b> If 'Yes,' explain the arrangement in	n Part XIII and comple	ete the following to	able:	, <del></del>		
				<del></del>	Amount	
c Beginning balance						
d Additions during the year						
e Distributions during the year						
f Ending balance						<del></del>
2 a Did the organization include an am	•	•			Yes	No
<b>b</b> If 'Yes,' explain the arrangement in	n Part XIII. Check her	e if the explantion	has been provided in F	art XIII		
Part Via Endowment Funds. C		<del></del>			T	
	(a) Current year	(b) Prior yea	r (c) Two years ba	ck (d) Three years back	(e) Four ye	ars back
1 a Beginning of year balance		<u>.  </u>			<del></del>	
<b>b</b> Contributions					ļ	
c Net investment earnings, gains, and losses						
d Grants or scholarships					<u> </u>	
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance		<u> </u>	<u> </u>		<u> </u>	
2 Provide the estimated percentage	of the current year er	nd balance (line 1	g, column (a)) held as:			
a Board designated or quasi-endowr	ment -	용				
b Permanent endowment 🕨	<del></del> 용					
c Temporarily restricted endowment	· -	<sup>9</sup>				
The percentages in lines 2a, 2b, ai	nd 2c should equal 1	00%.				
3 a Are there endowment funds not in	the possession of the	e organization that	are held and administe	ered for the		
organization by:	•	Ū			Yes	No
(i) unrelated organizations	· · · · · · · · · · · ·				3a(i)	
(ii) related organizations					3a(ii)	
<b>b</b> If 'Yes' to 3a(II), are the related org	anizations listed as r	equired on Sched	ule R?		3b	
4 Describe in Part XIII the intended u	<del></del>	on's endowment f	unds			
Part VI Land, Buildings, and						
Complete if the organiz	zation answered	'Yes' to Form 9	990, Part IV, line 11	Ia. See Form 990, Pa	rt X, line 10	0.
Description of property		st or other basis nvestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book	value
1 a Land		100,000.	0.	Character Strategic	100	0,000.
<b>ь</b> Buildings		80,000.				0,000.
c Leasehold improvements						
d Equipment						
e Other	<u></u> .					
Total. Add lines 1a through 1e. (Column	(d) must equal Form	990, Part X, colui	mn (B), line 10(c) )		180	0,000.
ВАА			_	Schedu	ılė <b>D</b> (Form 9	

(a) Description of security or category (including name of security)	(b) Book value	Part IV, line 11b. See Form 990, Part X, line (c) Method of valuation Cost or end-of-year market valuation	
(1) Financial derivatives	(5) 5501 1515	(b) We mad of Valuation Cost of the of year market value	
(2) Closely-held equity interests			
(3) Other			
		<u> </u>	<del>- · · ·</del>
(A)	<u>-</u>		
( <u>B</u> )			
(C)	<del></del>		
(D)			
(E)	· · · · - · · - ·		
<u>(F)</u> (G)	<del></del>		
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)		等。 第二章 1章	- Carry
Post Viu Investments - Program Related.		<u> </u>	14,311
Complete if the organization answered "	Yes' to Form 990, F	Part IV, line 11c. See Form 990, Part X, line 1	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market	value
(1)	·		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)		The wife with a second to the	273993,
Total (Column (b) must equal Form 990, Part X, column (B) line 13)		THE PARTY OF THE P	21/80 1/8/44 Swift
Part IX Other Assets. Complete if the organization answered "	es' to Form 990. F	Part IV, line 11d. See Form 990, Part X, line 1	5.
	scription	(b) Book v	/alue
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B), In	ne 15.)	· · · · · · · · · · · · · · · · · · ·	
Part X Other Liabilities.			
Complete if the organization answered 'Yes' to Fo	orm 990, Part IV, line 1	1e or 11f See Form 990, Part X, line 25	
(a) Description of liability	(b) Book value		~ (%)
(1) Federal income taxes (2)			100 m
(3)			
(4)	<del></del>		F
(5)			
(6)			
(7)			1 2 m
(8)			
(9)			
(10)			· · · · · · · · · · · · · · · · · · ·
	ł.		
(11)			
(11)  Total (Column (b) must equal Form 990, Part X, column (B) line 25)  2. Liability for uncertain tax positions. In Part XIII, provide the text of the footn		proof statements that reports the granuzation's liability for uncertain	es the s

Scriedile D (Form 990) 2013 ANCIENT FREE & ACCEPTED MASONS OF 125 POND CREEK	73-6098247	Page
Part*XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	<del></del>	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		
b Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	36 <b>36</b> 7	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 с	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	. 5	
Part XIII Supplemental Information.		
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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any addition of the complete this part to provide any additional complete the part XII, lines 2d and 4b Also complete this part to provide any additional complete the part XII, lines 2d and 4b Also complete this part to provide any additional complete the part XII, lines 2d and 4b Also complete the part XII, lines 2d and 4b Also complete the part XII, lines 2d and 4b Also complete the part XII, lines 2d and 4b Also complete the part XII, lines 2d and 4b Also complete the part XII, lines 2d and 4b Also complete the part XII, lines 2d and 4b Also complete the part XII, lines 2d and 4b Also complete the part XII, lines 2d and 4b Also complete the part XII, lines 2d and 4b Also complete the part XII, lines 2d and 4b Also complete the part XII, lines 2d and 4b Also complete the part XII, lines 2d and 4b Also complete the part XII, lines 2d and 4b Also complete the part XII, lines 2d and 4b Also complete the part XII, lines 2d and 4b Also complete the part XII, lines 2d and 4b Also complete the part XIII, lines 2d and 4b Also complete the part XIII, lines 2d and 4b Also complete the part XIII, lines 2d and 4b Also complete the part XIII, lines 2d and 4b Also complete the part XIII, lines 2d and 4b Also complete the part XIII, lines 2d and 4b Also complete the part XIII, lines 2d and 4b Also complete the part XIII, lines 2d and 4b Also complete the part XIII, lines 2d and 4b Also complete the part XIII, lines 2d and 4b Also complete the part XIII, lines 2d and 4b Also complete the part XIII, lines 2d and 4b Also complete the part XIII, lines 2d and 4b Also complete the part XIII, lines 2d and 4b Also complete the part XIII, lines 2d and 4b Also complete the part XIII, lines 2d and 4b Also complete the part XIII, lines 2d and 4b Also complete the part XIII, lines 2d and 4b Also comp	itional information.	
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BAA	Schedule D (Form 9	990) 2013

Schedule of the country of the ANCIENT FREE & ACCEPTED MASONS OF 122 POND CREEK	/3-609824/	raye s
Rart XIII Supplemental Information (continued)		
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# SCHEDULE I (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545:0047

2013

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

P. Open to Public ×∃ Employer Identification number Ratible Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 73-6098247 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ANCIENT FREE & ACCEPTED MASONS OF 125 POND CREEK Bad Seneral Information on Grants and Assistance Department of the Treasury Internal Revenue Service Name of the organization

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Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	or any recipient tha	at received more	than \$5,000. Part I	can be duplicated	f additional space	is needed.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
[2]							
		·			•		
(5)							
(4)							
(5)							
<u>(6)</u>							
(7)							
(8)							
	and government organ	nzations listed in the	line 1 table				
3 Enter total number of other organizations listed in the line 1 table.	ns listed in the line 1 ta	ble					
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instructions	tor Form 990.		TEEA3901 07/12/13	7/12/13	Schedul	Schedule I (Form 990) (2013)

Ratell Barants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. ANCIENT FREE & ACCEPTED MASONS OF 125 POND CREEK Schedule I (Form 990) (2013)

Page 2

(f) Description of non-cash assistance Partival Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance 10,000 (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance 1 SCHOLARSHIPS S 9 7

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Schedule I (Form 990) (2013)

## SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Name of the organization	Employer identification number
ANCIENT FREE & ACCEPTED MASONS OF 125 POND CREEK	73-6098247
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