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**Short Form**  
**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

2008

Department of the Treasury  
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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.

Open to Public  
Inspection**A For 2008 calendar year, or tax year beginning**

, 2008, and ending

, 20

**B Check if applicable:**

Address change  
Name change  
Initial return  
Termination  
Amended return  
Application pending

Please use IRS label or print or type.  
See Specific Instructions

|   |   |                |
|---|---|----------------|
| <b>C Name of organization</b>                 | <b>D Employer Identification number</b> |                |
| ANCIENT & ACCEPTED SCOTTISH RITE OF FREE MASO | Room/<br>suite                          | 55-0113703     |
| <b>E Telephone number</b>                     |   | (304) 233-3747 |
| <b>F Group Exemption Number</b> ► 0095        |   |                |

No. &amp; street (or P.O. box, if mail is not delivered to street address)

P O BOX 6542

City or town, state or country, and ZIP + 4

Wheeling WV 26003

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**G Accounting method:**  Cash  Accrual  
Other (specify) ►

**I Website:** ► N/A

**H Check**  if organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . ► \$ 138,208**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

|   |            |
|---|------------|
| 1 Contributions, gifts, grants, and similar amounts received . . . . .  | 1 5,066    |
| 2 Program service revenue including government fees and contracts . . . . .   | 2 19,546   |
| 3 Membership dues and assessments . . . . .   | 3 57,000   |
| 4 Investment income . . . . .   | 4 7,511    |
| 5a Gross amount from sale of assets other than inventory . . . . .  | 5a         |
| b Less: cost or other basis and sales expenses . . . . .  | 5b         |
| c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)   | 5c         |
| 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from <b>gaming</b> , check here ► <input type="checkbox"/>        | 6c         |
| a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .  | 6a         |
| b Less: direct expenses other than fundraising expenses . . . . .   | 6b         |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .   | 7c         |
| 7a Gross sales of inventory, less returns and allowances . . . . .  | 7a         |
| b Less: cost of goods sold . . . . .  | 7b         |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .  | 8 49,085   |
| 8 Other revenue (describe ► See attachment #1) . . . . .  | 9 138,208  |
| 9 <b>Total revenue.</b> All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ►   |            |
| 10 Grants and similar amounts paid (attach schedule) . . . . .  | 10         |
| 11 Benefits paid to or for members . . . . .  | 11         |
| 12 Salaries, other compensation, and employee benefits . . . . .  | 12 25,159  |
| 13 Professional fees and other payments to independent contractors . . . . .  | 13         |
| 14 Occupancy, rent, utilities, and maintenance . . . . .  | 14 63,351  |
| 15 Printing, publications, postage, and shipping . . . . .  | 15 2,312   |
| 16 Other expenses (describe ► See attachment #2) . . . . .  | 16 19,641  |
| 17 <b>Total expenses.</b> Add lines 10 through 16 . . . . . ►   | 17 110,463 |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .  | 18 27,745  |
| 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . | 19 292,936 |
| 20 Other changes in net assets or fund balances (attach explanation) . . . . .  | 20         |
| 21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . ►   | 21 320,681 |

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

| (See instructions for Part II)  | (A) Beginning of year | (B) End of year |
|---|-----------------------|-----------------|
| 22 Cash, savings, and investments . . . . .   | 76,501                | 22 94,512       |
| 23 Land and buildings . . . . .   | 77,696                | 23 70,657       |
| 24 Other assets (describe ► See attachment #3) . . . . .  | 150,416               | 24 167,416      |
| 25 <b>Total assets</b> . . . . .  | 304,613               | 25 332,585      |
| 26 <b>Total liabilities</b> (describe ► See attachment #4) . . . . .                            | 11,677                | 26 11,904       |
| 27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . . | 292,936               | 27 320,681      |

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

Form 990-EZ (2008)



**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

|  | Yes | No |
|--|-----|----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity .....  | 33  | X  |
| 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes .....  | 34  | X  |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.              |     |    |
| a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? .....   | 35a | X  |
| b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? .....  | 35b | X  |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N .....  | 36  | X  |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b> 0  | 37b | X  |
| b Did the organization file <b>Form 1120-POL</b> for this year? .....  | 38a | X  |
| 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 unpaid at the start of the period covered by this return? .....                            | 38b |    |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved. .....  | 39a |    |
| 39 Section 501(c)(7) organizations. Enter.   | 39b |    |
| a Initiation fees and capital contributions included on line 9 .....   |     |    |
| b Gross receipts, included on line 9, for public use of club facilities .....  |     |    |
| 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____  | 40b | X  |
| b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I ..... |     |    |
| c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....   | 40e | X  |
| d Enter amount of tax on line 40c reimbursed by the organization .....   |     |    |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T .....   |     |    |
| 41 List the states with which a copy of this return is filed ► <b>NONE</b>   |     |    |
| 42a The books are in care of ► <b>See attachment #7</b> Telephone no. ► _____ Located at ► _____ ZIP + 4 ► _____   |     |    |
| b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....             | 42b | X  |
| If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .   | 42c | X  |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? .....   |     |    |
| If "Yes," enter the name of the foreign country. ► _____   |     |    |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year .....                          | 43  |    |
| 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ .....  | 44  | X  |
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ .....   | 45  | X  |

**Part VI** **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46 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 . . . . .

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .

48 Is the organization operating a school as 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? . . . . .

b If "Yes," was the related organization(s) a section 527 organization? . . . . .

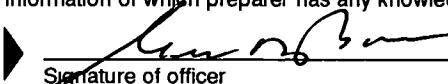
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

|     | <b>Yes</b> | <b>No</b> |
|-----|------------|-----------|
| 46  | X          |           |
| 47  | X          |           |
| 48  | X          |           |
| 49a | X          |           |
| 49b | X          |           |

| <b>(a) Name and address of each employee paid more than \$100,000</b> | <b>(b) Title and average hours per week devoted to position</b> | <b>(c) Compensation</b> | <b>(d) Contributions to employee benefit plans &amp; deferred compensation</b> | <b>(e) Expense account and other allowances</b> |
|---|---|-------------------------|--|---|
| NONE  |   |                         |  |   |
|   |   |                         |  |   |
|   |   |                         |  |   |
|   |   |                         |  |   |
|   |   |                         |  |   |
| Total number of other employees paid over \$100,000 ►                 |   |                         |  |   |

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| <b>(a) Name and address of each independent contractor paid more than \$100,000</b>     | <b>(b) Type of service</b> | <b>(c) Compensation</b> |
|---|----------------------------|-------------------------|
| NONE  |                            |                         |
|   |                            |                         |
|   |                            |                         |
|   |                            |                         |
|   |                            |                         |
| Total number of other independent contractors each receiving over \$100,000 . . . . . ► |                            |                         |

|                                 |   |              |   |
|---------------------------------|---|--------------|---|
| <b>Sign Here</b>                | 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 has any knowledge. |              |   |
|                                 |    | 4-29-2010    | Date  |
|                                 | ► GENE RAY BAKER  | SECRETARY    |   |
|                                 | Type or print name and title.   |              |   |
| <b>Paid Preparer's Use Only</b> | Preparer's signature ►   | Date 4/28/10 | Check if self-employed ► <input type="checkbox"/> |
|                                 | Firm's name (or yours if self-employed), address, and ZIP + 4 ► H & R BLOCK<br>602 NATIONAL RD<br>Wheeling, WV 26003 -  | EIN ►        | Preparer's Identifying No. (See instr.)           |
|                                 |   | Phone no ►   | 304-233-1184                                      |

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

Depreciation and Amortization  
(Including Information on Listed Property)

2008

Attachment  
Sequence No. 67Department of the Treasury  
Internal Revenue Service (99)

Name(s) shown on return

ANCIENT &amp; ACCEPTED SCOTTISH RIFOR FORM 990-EZ LINE 14

Business or activity to which this form relates

Identifying number

55-0113703

## Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

|   |   |         |
|---|---|---------|
| 1 Maximum amount. See the instructions for a higher limit for certain businesses . . . . .  | 1 | 250,000 |
| 2 Total cost of section 179 property placed in service (see instructions) . . . . .   | 2 |         |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .  | 3 | 800,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- . . . . .  | 4 | 0       |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . . . . | 5 | 250,000 |

| (a) Description of property   | (b) Cost (busn. use only) | (c) Elected cost |  |
|---|---------------------------|------------------|--|
|   |                           |                  |  |
| 7 Listed property. Enter the amount from line 29 . . . . .  | 7                         |                  |  |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 . . . . .                      | 8                         |                  |  |
| 9 Tentative deduction Enter the smaller of line 5 or line 8 . . . . .   | 9                         |                  |  |
| 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 . . . . .                                    | 10                        |                  |  |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11                        | 250,000          |  |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .                     | 12                        |                  |  |
| 13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 . . . . . ► 13                         |                           |                  |  |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

## Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)

|  |    |  |
|--|----|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . . | 14 |  |
| 15 Property subject to section 168(f)(1) election . . . . .  | 15 |  |
| 16 Other depreciation (including ACRS) . . . . .   | 16 |  |

## Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

## Section A

|   |    |       |
|---|----|-------|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2008 . . . . .   | 17 | 7,039 |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ► <input type="checkbox"/> |    |       |

## Section B -- Assets Placed In Service During 2008 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depr (business/investment use only -- see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|---|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |   |                     |                |            |                            |
| b 5-year property              |                                      |   |                     |                |            |                            |
| c 7-year property              |                                      |   |                     |                |            |                            |
| d 10-year property             |                                      |   |                     |                |            |                            |
| e 15-year property             |                                      |   |                     |                |            |                            |
| f 20-year property             |                                      |   |                     |                |            |                            |
| g 25-year property             |                                      |   | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  |                                      |   | 27 5 yrs            | MM             | S/L        |                            |
|                                |                                      |   | 27.5 yrs.           | MM             | S/L        |                            |
| I Nonresidential real property |                                      |   | 39 yrs.             | MM             | S/L        |                            |
|                                |                                      |   |                     | MM             | S/L        |                            |

## Section C -- Assets Placed In Service During 2008 Tax Year Using the Alternative Depreciation System

|                |  |  |         |    |     |  |
|----------------|--|--|---------|----|-----|--|
| 20a Class life |  |  |         |    | S/L |  |
| b 12-year      |  |  | 12 yrs. |    | S/L |  |
| c 40-year      |  |  | 40 yrs. | MM | S/L |  |

## Part IV Summary (See instructions.)

|  |    |       |
|--|----|-------|
| 21 Listed property. Enter amount from line 28 . . . . .  | 21 |       |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations -- see instructions . . . . . | 22 | 7,039 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .   | 23 |       |

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2008)

## **SCHEDULE OF OTHER REVENUE**

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 8

| Open to Public<br>Inspection                            | For calendar year 2008 or tax period beginning | , and ending                   |
|---|--|--------------------------------|
| Name of Organization                                    |  | Employer Identification Number |
| ANCIENT & ACCEPTED SCOTTISH RITE OF FREE MASONRY VALLEY |  | 55-0113703                     |
| Description of Other Revenue                            |  | Amount                         |
| CHRISTMAS PARTY   |  | 40                             |
| GUARD INCOME  |  | 1,088                          |
| INCOME RING   |  | 98                             |
| LOBBY STORE   |  | 140                            |
| OFFICE INCOME POP MACHINE                               |  | 288                            |
| PARKING   |  | 5,320                          |
| SCHOOL  |  | 500                            |
| BRICKSTREET REFUND                                      |  | 202                            |
| MISCELLANEOUS   |  | 38,916                         |
| BUILDING MAINTENANCE FUND                               |  | 2,493                          |
|   | Total  | 49,085                         |

## **SCHEDULE OF OTHER EXPENSES**

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

| Open to Public Inspection   | For calendar year 2008 or tax period beginning | , and ending                                 |
|---|--|--|
| Name of Organization<br>ANCIENT & ACCEPTED SCOTTISH RITE OF FREE MASONRY VALLEY |  | Employer Identification Number<br>55-0113703 |
| Description of Other Expenses   |  | Amount                                       |
| BANK CHARGES  |  | 26   |
| ALMONER DONATION  |  | 199  |
| ALMONER FUND  |  | 821  |
| DONATIONS   |  | 300  |
| DUES OVERPAYMENT  |  | 138  |
| LOBBY STORE   |  | 115  |
| GUARD EXPENSES  |  | 1,334  |
| DUES NEW MEMBERS  |  | 645  |
| OFFICE  |  | 334  |
| POP MACHINE   |  | 372  |
| RING EXPENSES   |  | 1,152  |
| SAFETY DEPOSIT BOX  |  | 40   |
| SUPPLIES  |  | 127  |
| REUNION MEALS   |  | 154  |
| PROFESSIONAL TAX PREP FEES  |  | 790  |
| PER CAPITA DUES   |  | 11,786                                       |
| SUPREME COUNCIL   |  | 1,308  |

## SCHEDULE OF OTHER ASSETS

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 24

| Open to Public<br>Inspection                            | For calendar year 2008 or tax period beginning<br>, and ending |                                |                          |
|---|--|--------------------------------|--------------------------|
| Name of Organization                                    |  | Employer Identification Number |                          |
| ANCIENT & ACCEPTED SCOTTISH RITE OF FREE MASONRY VALLEY |  | 55-0113703                     |                          |
| Description of Other Assets                             | Beginning<br>of Year   | End<br>of Year                 | EOY FMV<br>(990-PF Only) |
| TRUSTEE INVESTMENT                                      | 72,539   | 72,539                         |                          |
| LIFE MEMBER INVESTMENTS                                 | 77,877   | 94,877                         |                          |
| Totals  | 150,416  | 167,416                        |                          |

## **SCHEDULE OF OTHER LIABILITIES**

Attachment 4: page 1 - 990-EZ Page 1, Part II, Line 26

## PRIMARY EXEMPT PURPOSE

Attachment 5: page 1 - 990-EZ Page 2, Part III

|   |  |  |
|---|--|--|
| Open to Public<br>Inspection  | For calendar year 2008 or tax period beginning | , and ending                                 |
| Name of Organization<br>ANCIENT & ACCEPTED SCOTTISH RITE OF FREE MASONRY VALLEY |  | Employer Identification Number<br>55-0113703 |

### Primary Purpose

PROVIDE AND MAINTAIN A MEETING PLACE FOR ANCIENT AND ACCEPTED SCOTTISH RITE  
OF FREE MASONRY

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 1 - 990-EZ Page 2, Part IV

| Open to Public<br>Inspection                                       | For calendar year 2008 or tax period beginning | , and ending                               |  |   |
|--|--|--|--|---|
| Name of Organization   |  |  | Employer Identification Number                 |   |
| <b>ANCIENT &amp; ACCEPTED SCOTTISH RITE OF FREE MASONRY VALLEY</b> |  |  | <b>55-0113703</b>                              |   |
| (A) Name and Address   | (B) Title and Average<br>Hrs. per Week         | (C) Compensation (If<br>not paid, enter 0) | (D) Cont to Employee<br>Ben. Plans & Def Comp. | (E) Expense Account<br>& Other Allowances |
| GENE RAY BAKER<br><br>Wheeling, WV 26003<br><br>JERRY E ORR        | COMMANDER/SEC<br>20.00<br>VENER MASTER         | 8,400                                      | 0  | 0   |
| NEW MANCHESTER, WV<br><br>FLOYD L KAPPLER                          | ALMONER  | 0  | 0  | 0   |
| Wheeling, WV 26003<br><br>PAUL J HARRIS                            | CONSISTORY                                     | 0  | 0  | 0   |
| Wheeling, WV 26003<br><br>THOMAS W RISER JR                        | TREASURER                                      | 0  | 0  | 0   |
| Wheeling, WV 26003   |  | 0  | 0  | 0   |

**BOOKS ARE IN CARE OF**

**Attachment 7 - 990-EZ Page 3, Part V, Line 42a**

|   |  |  |
|---|--|--|
| Open to Public Inspection   | For calendar year 2008 or tax period beginning | , and ending   |
| <b>Name of Organization</b><br><b>ANCIENT &amp; ACCEPTED SCOTTISH RITE OF FREE MASONRY VALLEY</b> |  | <b>Employer Identification Number</b><br><b>55-0113703</b> |
| <b>Part V - Line 42a</b>  |  |  |

Individual Name ..... GENE RAY BAKER

or

Business Name:

Street Address ..... 83 14TH ST

U.S. Address:

Zip code 26003

City Wheeling

State WV

Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (304) 233-3747

Fax Number .....

**2008 DETAIL STATEMENTS**

**ANCIENT & ACCEPTED SCOTTISH RI**  
**55-0113703**

**Page 1**

**STATEMENT #1 - Investment Income (990-EZ PG 1 Line 4)**

|   |              |
|---|--------------|
| INTEREST.....                                   | 2,709        |
| DIVIDENDS.....                                  | 4,802        |
| <b>TOTAL CARRIED TO 990-EZ PG 1 Line 4.....</b> | <b>7,511</b> |

Application for Extension of Time To File an  
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box . . . . . ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form). **Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . . ►

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

|   |  |                                |
|---|--|--------------------------------|
| Type or print   | Name of Exempt Organization  | Employer identification number |
| File by the due date for filing your return. See instructions | Number, street, and room or suite no. If a P.O. box, see instructions.                   |                                |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions. |                                |

**Check type of return to be filed** (file a separate application for each return):

|                                      |   |                                    |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990    | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► . . . . .

Telephone No. ► ( . . . . . ) FAX No. ► ( . . . . . )

- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . . . . . ►  . If it is for part of the group, check this box . . . . . ►  and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until . . . . . , 20 . . . . . to file the exempt organization return for the organization named above. The extension is for the organization's return for:
  - calendar year 20 . . . . . or
  - tax year beginning . . . . . , 20 . . . . . , and ending . . . . . , 20 . . . . .

- 2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|  |       |
|--|-------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  | 3a \$ |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.   | 3b \$ |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c \$ |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ►
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

|  |   |   |
|--|---|---|
| Type or print  | Name of Exempt Organization<br><b>Ancient &amp; Accepted Scottish Rite of Free Masonry Valley of Wheeling</b>         | Employer Identification number<br><b>55 0113703</b> |
| File by the extended due date for filing the return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>P.O. Box 6542</b>                        | For IRS use only                                    |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>Wheeling, WV 26003</b> |   |

**Check type of return to be filed (File a separate application for each return):**

|  |   |                                      |                                    |
|--|---|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                              | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 5227   |                                    |

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► **Paul J. Harris**  
Telephone No. ► ( **304** ) **232-5300** FAX No. ► ( **304** ) **232-5301**
- If the organization does not have an office or place of business in the United States, check this box ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . . ►  . If it is for part of the group, check this box . . . . . ►  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **November 15**, 20**09**

5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension **All of the information necessary to prepare a complete and accurate return has not yet been received.**

|   |       |
|---|-------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | 8a \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b \$ |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | 8c \$ |

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► 

Title ► **Personal Representative** Date ► **08/14/09**

Form 8868 (Rev. 4-2009)