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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2009

Open to Public
Inspection

A For 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Ancient & Accepted Scottish Rite of Free Maso
 Number & street (or P.O. box, if mail is not delivered to street addr.) Room/suite
 P O BOX 6542
 City or town, state or country, and ZIP + 4
 Wheeling WV 26003

D Employer identification number
55-0113703

E Telephone number
(304) 233-3747

F Group Exemption Number... ▶ 0095

• 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

J Tax-exempt status (check only one) -- ☒ 501(c)(10) ◀ (insert no.) 4947(a)(1) or 527

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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ... ▶ \$ 182,664

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	3,240
	2	Program service revenue including government fees and contracts	2	26,322
	3	Membership dues and assessments	3	50,476
	4	Investment income	4	7,989
	5a	Gross amount from sale of assets other than inventory	5a	67,982
	b	Less: cost or other basis and sales expenses	5b	10,916
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	57,066
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	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)	6c		
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)	7c		
8	Other revenue (describe ▶ See attachment #2)	8	26,655	
9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	171,748	
EXPENSES	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	26,387
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	59,745
	15	Printing, publications, postage, and shipping	15	713
	16	Other expenses (describe ▶ See attachment #3)	16	26,381
	17	Total expenses. Add lines 10 through 16	17	113,226
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	58,522
	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	320,681
	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	379,203

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

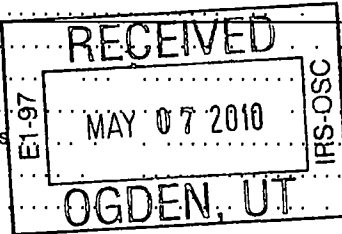
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	94,512	22 149,222
23 Land and buildings	70,657	23 69,951
24 Other assets (describe ▶ See attachment #4)	167,416	24 161,356
25 Total assets	332,585	25 380,529
26 Total liabilities (describe ▶ See attachment #5)	11,904	26 1,326
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	320,681	27 379,203

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

SCANNED JUN 03 2010



Part III	Statement of Program Service Accomplishments (See the instructions for Part III.)
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Expenses

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, & other relevant information for each program title.

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28

(Grants \$) If this amount includes foreign grants, check here ►

28a

29

(Grants \$) If this amount includes foreign grants, check here				
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29a

30

(Grants \$) If this amount includes foreign grants, check here ►

30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32	Total program service expenses (add lines 28a through 31a)	32	0
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32

0

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instr. for Part IV.)

[illegible]

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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 why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file Form 1120-POL for this year?	37b	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 outstanding at the end of the period covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911, section 4912, section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed. NONE		
42a	The organization's books are in care of See attachment #6 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)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	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.	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	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 and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
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	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	X

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

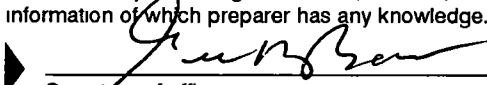
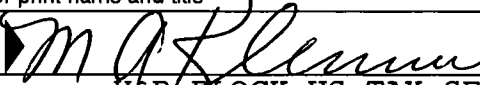
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

Sign Here	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.			
	 Signature of officer		4-29-2010 Date	
Paid Preparer's Use Only	GENE RAY BAKER Type or print name and title		SECRETARY	
	Preparer's signature		Date	4/29/10
	Firm's name (or yours if self-employed), address, and ZIP + 4	H&R BLOCK US TAX SERVICES 602 NATIONAL RD Wheeling, WV 26003		EIN 304-233-1184
	Check if self-employed	<input type="checkbox"/>		

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2009Attachment
Sequence No. 67

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

Ancient & Accepted Scottish Rite FOR FORM 990-EZ LINE 14

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	
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
6	(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 2008 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 2010. 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 2009	17	706
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 2009 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 2009 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	706
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 (2009)

SCHEDULE OF GAIN/LOSS FROM SALE OF ASSETS OTHER THAN INVENTORY

Attachment 1: page 1 - 990-EZ Page 1, Part I, line 5

Open to Public
Inspection

For Calendar year 2009, or tax year period beginning

and ending

Name of Organization

Ancient & Accepted Scottish Rite of Free Masonry Valley of Wheeling 55-0113703

Employer Identification Number

Name of Security or Description of Property

Acquisition Date

How Acquired

Date Sold

To Whom Sold

Gross Sale Price

Basis

Sales Expense

Gain or (Loss)

Accumulated
Depreciation

Total
Publicly traded securities

67,982

10,916

57,066

SCHEDULE OF OTHER REVENUE

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 8

Open to Public Inspection	For calendar year 2009 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
GUARD INCOME	1,997
HONORS INCOME	66
INCOME RING	717
LOBBY STORE	74
HATS	6
POP MACHINE	1,096
PARKING RENT	4,680
SCHOOL SPACE RENT	17,500
BRICKSTREET REFUND	6
MISCELLANEOUS	513
Total	26,655

Attachment 4: page 1 - 990-EZ Page 1, Part I, Line 24

Inspection

For calendar year 2009 or tax period beginning

, and ending

Employer Identification Number

Ancient & Accepted Scottish Rite of Free Masonry Valley	55-0113703
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Totals

Attachment 5: page 1 - 990-EZ Page 1, Part II, Line 26

For calendar year 2009 or tax period beginning

, and ending

Employer Identification Number

Ancient & Accepted Scottish Rite of Free Masonry Valley	55-0113703
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Totals

SCHEDULE OF OTHER EXPENSES

Attachment 3: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2009 or tax period beginning , and ending
Name of Organization Ancient & Accepted Scottish Rite of Free Masonry Valley	Employer Identification Number 55-0113703

Description of Other Expenses	Amount
ALMONER DONATION	20
BANK CHARGE	215
CHARITABLE DONATIONS	605
COMMITTEE EXPENSE	80
CHRISTMAS PARTY	145
FEAST OF TISHRI PARTY	495
GUARD EXPENSE	1,857
MEMBERSHIP DUES OVERPAYMENT	90
MISCELLANEOUS	672
NEW MEMBER EXPENSES	639
OFFICE	3,226
TRAVEL	75
POST OFFICE BOX RENT	108
PICTURES	270
REUNION	85
SCOTTISH RITE FOUNDATION	60
PER CAPITA DUES	10,892
SUPREME COUNCIL	2,039
WV BUSINESS REGISTRATION	30
BUILDING FUND	288
WV CONFERENCE EXPENSE FOR 2010	151
SUPPLIES	4,339
Total	26,381

BOOKS ARE IN CARE OF

Attachment 6 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2009 or tax period beginning	, and ending
Name of Organization Ancient & Accepted Scottish Rite of Free Masonry Valley		Employer Identification Number 55-0113703
Part V - Line 42a		

Individual Name
or
Business Name:
.....
.....

Street Address
.....

U.S. Address:

Zip code City State ____
or
Foreign Address

City
Province or State
Country
Postal code
Phone Number
Fax Number

2009 DETAIL STATEMENTS

Ancient & Accepted Scottish Ri
55-0113703

Page 1

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

INTEREST.....	3,541
DIVIDENDS.....	4,448

TOTAL CARRIED TO 990-EZ PG 1 Line 4.....	7,989
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2009 ADDITIONAL DETAIL STATEMENTS

Ancient & Accepted Scottish Rite of Free Masonry
55-0113703

FORM 990-EZ PG 1 LINE 14 DETAIL STATEMENT

FORM 4562

706