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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)	OMB No 1545-1150 2009
	<p>► 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.</p> <p>► <i>The organization may have to use a copy of this return to satisfy state reporting requirements.</i></p>	Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE GRAND COUNCIL OF THE ALLIED MASONIC DEGREES OF THE USA INC		D Employer identification number 58-1584857
		Number and street (or P O box, if mail is not delivered to street address) 10866 BUTLER RD		E Telephone number (740) 345-0828
		City or town, state or country, and ZIP + 4 NEWARK, OH 430558852		F Group Exemption Number 1

<p>◆ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</p>	<p>G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶</p>
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I Website: www.yorkrite.com		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one)— <input checked="" type="checkbox"/> 501(c)(10) (insert no.) 4947(a)(1) or 527		

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	\$	112,538
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Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Revenue			
1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	80,334
4	Investment income	4	3,469
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)	5c	
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	28,735
b	Less cost of goods sold	7b	42,151
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	-13,416
8	Other revenue (describe <input type="checkbox"/> _____)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 <input type="checkbox"/>	9	70,387

Expenses	10	Grants and similar amounts paid (attach schedule) 	10	6,000
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	8,000
	13	Professional fees and other payments to independent contractors	13	5,080
	14	Occupancy, rent, utilities, and maintenance	14	3,667
	15	Printing, publications, postage, and shipping	15	40,178
	16	Other expenses (describe )	16	11,355
	17	Total expenses. Add lines 10 through 16 	17	74,280

Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,893
	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	219,104
	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	215,211

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	217,242	22	213,300
23	Land and buildings		23	
24	Other assets (describe  _____)	1,862	24	1,911
25	Total assets	219,104	25	215,211
26	Total liabilities (describe  _____)	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	219,104	27	215,211

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? NATIONAL ORGANIZATION FOR THE VARIOUS ALLIED MASONIC DEGREES IN THE UNITED STATES OF AMERICA			
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, and other relevant information for each program title			
28 TO ASSUME, HOLD AND EXERCISE JURISDICTION AND CONTROL OVER SUCH MASONIC DEGREES THAT ARE NOT UNDER JURISDICTION AND CONTROL OF SOME OTHER RECOGNIZED AND REGULARITY CONSTITUTED BODY OF FREEMASONRY, TO PRESERVE THESE DEGREES, AND TO ENGAGE IN, FOSTER, AND ENCOURAGE MASONIC STUDY AND RESEARCH, TO ESTABLISH AND ORGANIZE COUNCILS OF THE ALLIED MASONIC DEGREES AND BODIES ATTACHED THERE TO, SUBORDINATE TO THE GRAND COUNCIL, AND TO ENACT LAWS, RULES AND REGULATIONS FOR THE GOVERNMENT THEREOF (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	69,992
29 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	
30 (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	69,992

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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	33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, 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?	35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	
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	No
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	
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	No
41	List the states with which a copy of this return is filed ▶		
42a	The organization's books are in care of ▶ FRANKLIN C BONER Telephone no ▶ (740) 345-0828 10866 BUTLER RD Located at ▶ NEWARK, OH ZIP + 4 ▶ 43055		
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	No
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	No
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	No
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	No

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.

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

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

(a) Name and address of each employee paid 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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000 ▶

Please 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 *****	Date 2010-08-03
	Type or print name and title FRANKLIN BONER, GRAND SECRETARY	

Paid Preparer's Use Only	Preparer's signature TIMOTHY S SOLT, CPA	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 WILSON SHANNON & SNOW INC TEN WEST LOCUST STREET NEWARK, OH 43055			EIN ▶
				Phone no ▶ (740) 345-6611

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

Additional Data

Software ID:

Software Version:

EIN: 58-1584857

Name: THE GRAND COUNCIL OF THE ALLIED MASONIC DEGREES OF THE USA INC

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
KENNETH B FISCHER 5138 SHADY OAKS FRIENDSWOOD,TX 775463018	PAST SOVEREIGN GRAND MASTER 5 00	0	0	0
WILLIAM R LOGAN 114 HULSEY DRIVE GREENWOOD,SC 296469223	SOVEREIGN GRAND MASTER 10 00	0	0	0
C MICHAEL WATSON 257 COUNTRYSIDE DR N TROY,OH 453734584	DEP GRAND WARDEN 10 00	0	0	0
DOUGLAS L JORDAN 13101 MOSS RANCH LANE FAIRFAX,VA 220333535	SENIOR GRAND WARDEN 10 00	0	0	0
J M JIMMY WILLSON PO BOX 666 FLOYDADA,TX 792350666	GRAND TREASURER 20 00	1,500	0	0
FRANKLIN C BONER 10866 BUTLER RD NEWARK,OH 430558852	GRAND SECRETARY 20 00	6,500	0	0
JOE R MANNING JR PO BOX 8 CUSHING,OK 740230008	JR GRAND WARDEN 5 00	0	0	0
MATTHEW D DUPREE PO BOX 768 GWYNEDD VALLEY,PA 194370768	SENIOR GRAND DEACON 5 00	0	0	0
WILLIAM H KOON II 7200 SLABTOWN ROAD COLUMBUS GROVE,OH 458309484	JR GRAND DEACON 5 00	0	0	0
ROBERT G DAVIS P O BOX 70 GUTHRIE,OK 730440070	GRAND CHAPLAIN 5 00	0	0	0
DOUGLAS S MOORE 420 CHAMBERWOOD RD MONROE,NC 28112	DIR OF CEREMONIES 5 00	0	0	0
LAWRENCE E TUCKER 5509 WEST LOOP SOUTH SUITE 495 BELLAIRE,TX 774012402	GRAND MARSHALL 5 00	0	0	0
GARY B HINSON 4 BOLIN COURT NORTH AUGUSTA,SC 29841	GRAND TYLER 5 00	0	0	0
CHRIS M JENSEN RT 4 BOX 466 SALEM,MO 655609224	GRAND ORGANIST 5 00	0	0	0

TY 2009 Grants and Similar Amounts Paid Schedule

Name: THE GRAND COUNCIL OF THE ALLIED MASONIC
DEGREES OF THE USA INC

EIN: 58-1584857

Item No.	1
Class of Activity	DONATION
Donee's Name	DE MOLAT INTERNATIONAL
Donee's Address	
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	DONATION
Donee's Name	INTERNATIONAL ORDER OF RAINBOW
Donee's Address	
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	DONATION
Donee's Name	GEORGE WASHINGTON MASONIC MEMORIAL
Donee's Address	
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	DONATION
Donee's Name	INTERNATIONAL ORDER OF JOB'S DAUGHTERS
Donee's Address	
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: THE GRAND COUNCIL OF THE ALLIED MASONIC
DEGREES OF THE USA INC

EIN: 58-1584857

Description	Beginning of Year Amount	End of Year Amount
Other Depreciable Assets	1,862	1,911

TY 2009 Other Expenses Schedule

Name: THE GRAND COUNCIL OF THE ALLIED MASONIC
DEGREES OF THE USA INC

EIN: 58-1584857

Description	Amount
BANK CHARGES	368
DEPRECIATION	690
GRAND MASTER EXPENSE	4,054
TRAVEL & GUEST EXPENSE	2,623
MISCELLANEOUS	770
OFFICE EXPENSE	2,150
PROGRAM COMMITTEE	500
WEB PAGE	200

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: THE GRAND COUNCIL OF THE ALLIED MASONIC
DEGREES OF THE USA INC

EIN: 58-1584857

Declaration: The organization did not, during the year, receive any funds, directly,or indirectly, to pay premiums on a personal benefit contract.The organization, did not, during the year, pay any premiums, directly,or indirectly, on a personal benefit contract.