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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545 1150

2009

Department of the Treasury
Internal Revenue ServiceUnder 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

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning

, 2009, and ending

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
Instruc-
tions

C
ANCIENT AND ACCEPTED SCOTTISH RITE
OF VALLEY OF MADISONVILLE
P. O. BOX 555
MADISONVILLE, KY 42431

D Employer identification number

61-0668896

E Telephone number

270-821-5260

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 527K 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 returnL 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 ► \$ 94,481.

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	21,338.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	64,923.
4	Investment income	4	1,095.
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"/>	6a	7,125.
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	874.
b	Less direct expenses other than fundraising expenses	6c	6,251.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
7a	Gross sales of inventory, less returns and allowances	7b	
b	Less cost of goods sold	7c	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	
8	Other revenue (describe ►)	9	93,607.
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	32,797.
10	Grants and similar amounts paid (attach schedule)	11	
11	Benefits paid to or for members	12	19,686.
12	Salaries, other compensation, and employee benefits	13	1,650.
13	Professional fees and other payments to independent contractors	14	
14	Occupancy, rent, utilities, and maintenance	15	4,153.
15	Printing, publications, postage, and shipping	16	43,999.
16	Other expenses (describe ► SEE STATEMENT 2)	17	102,285.
17	Total expenses. Add lines 10 through 16	18	-8,678.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	478,861.
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)	20	
20	Other changes in net assets or fund balances (attach explanation)	21	470,183.
21	Net assets or fund balances at end of year Combine lines 18 through 20		

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	695,879.	22
23		684,315.
24	1,370.	24
25	697,249.	25
26	218,388.	26
27	478,861.	27

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

Form 990-EZ (2009)

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

What is the organization's primary exempt purpose? SEE STATEMENT 5

What is the organization's primary exempt purpose SEE STATEMENT 3
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, or other relevant information for each program title

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

28 SEE STATEMENT 6

28a

29

29 a

30

30 a

31 Other program services (attach schedule)

31 a

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

mpens

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

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

SEE STATEMENT 8

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity

	Yes	No
33		X
34		X

34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes

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	X
35b	

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

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	X
37b	X

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?

38a	X
38b	

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?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

38b	N/A
39a	N/A
39b	N/A

39 Section 501(c)(7) organizations Enter

a Initiation fees and capital contributions included on line 9

39a	N/A
39b	N/A

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 ► **N/A**, section 4912 ► **N/A**, section 4955 ► **N/A**

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	
40c	

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 ► **0.**d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► **0.**

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	

41 List the states with which a copy of this return is filed ► **NONE**

42a The organization's

books are in care of ► **CHARLIOTT J. RODGERS** Telephone no ► **270-821-5260**
Located at ► **668 PARK AVE MADISONVILLE KY** ZIP + 4 ► **42431**

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 ►

42b	X
42c	X

See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts**

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 **Form 1041** – Check here and enter the amount of tax-exempt interest received or accrued during the tax year

43	<input type="checkbox"/> N/A
44	X

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

44	X
45	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
BAA	

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

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

48 Is the organization 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 a section 527 organization?

	Yes	No
46		
47		
48		
49a		
49b		

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 and deferred compensation	(e) Expense account and other allowances
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

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
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

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	Date	5/12/10
► Personal Representative, James F. Molt Type or print name and title			

Paid Preparer's Use Only	Preparer's signature	 LARRY ALEXANDER	Date	5/10/10	Check if self-employed	<input checked="" type="checkbox"/> X	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	ALEXANDER, TONEY & KNIGHT, PLLC ► 28 COURT STREET MADISONVILLE, KY 42431	EIN	20-3064909 ► N/A	Phone no	(270) 821-4824	N/A

May the IRS discuss this return with the preparer shown above? See instructions

BAA

► Yes No
Form 990-EZ (2009)

STATEMENT 1
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	SPEECH THERAPY
DONEE'S NAME:	WEST KY SCOTTISH RITE FOUNDATI
	MADISONVILLE, KY 42431
CASH AMOUNT GIVEN:	\$ 5,115.
CLASS OF ACTIVITY:	CHILD CARE MINISTRY
DONEE'S NAME:	SUNRISE CHILDREN'S SERVICES
DONEE'S ADDRESS:	86 BURNT MILL ROAD
	DIXON, KY 42409
RELATIONSHIP OF DONEE:	NONE
CASH AMOUNT GIVEN:	\$ 1,100.
CLASS OF ACTIVITY:	AID TO ILL AND NEEDY
DONEE'S NAME:	CANCER FUND OF AMERICA, INC.
DONEE'S ADDRESS:	2901 BREEZEWOD LANE
	KNOXVILLE, TN 37921
RELATIONSHIP OF DONEE:	NONE
CASH AMOUNT GIVEN:	\$ 50.
CLASS OF ACTIVITY:	COMMUNITY SERVICE
DONEE'S NAME:	KENTUCKY STATE POLICE PROF ASSOC
DONEE'S ADDRESS:	633 CHAMBERLIN AVENUE
	FRANKFORT, KY 40601
RELATIONSHIP OF DONEE:	NONE
CASH AMOUNT GIVEN:	\$ 100.
DONEE'S NAME:	AID FAMILY IN DISTRESS
	MADISONVILLE, KY 42431
RELATIONSHIP OF DONEE:	NONE
CASH AMOUNT GIVEN:	\$ 500.

PAYMENTS TO AFFILIATES

NAME:	THE SUPREME COUNCIL
ADDRESS:	1733 16TH ST. NW
	WASHINGTON, D.C.,
PURPOSE OF PAYMENT:	PREDETRMIND QUOTA SUPP/DUES
AMOUNT:	\$ 25,932.
PAYMENTS TO AFFILIATES	\$ 25,932.

STATEMENT 2
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$ 290.
BANK CHARGES	45.
INSURANCE	5,329.
INTEREST	15,050.
MEALS	1,424.
MISCELLANEOUS	314.
PROPERTY TAXES	2,520.
REPAIRS & MAINTENANCE	1,124.
SUPPLIES	5,374.

2009

FEDERAL STATEMENTS
ANCIENT AND ACCEPTED SCOTTISH RITE
OF VALLEY OF MADISONVILLE

PAGE 2

61-0668896

STATEMENT 2 (CONTINUED)
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

TELEPHONE	\$	3,372.
UTILITIES		9,157.
	TOTAL	\$ 43,999.

STATEMENT 3
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	<u>BEGINNING</u>	<u>ENDING</u>
INVENTORIES	\$ 1,370.	\$ 1,370.
	TOTAL	\$ 1,370.

STATEMENT 4
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	<u>BEGINNING</u>	<u>ENDING</u>
PAYROLL TAX WITHHOLDINGS	\$ 588.	\$ 502.
SECURED MORTGAGES AND NOTES PAYABLE	217,800.	215,000.
	TOTAL	\$ 218,388.
		\$ 215,502.

STATEMENT 5
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE FRATERNAL ORGANIZATION UNITES ITS MEMBERS IN THE BONDS OF FRATERNITY,
BENEVOLENCE, AND CHARITY.

STATEMENT 6
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE FRATERNAL ORGANIZATION ACHIEVED UNITING ITS MEMBERS IN THE BONDS OF
FRATERNITY, BENEVOLENCE, AND CHARITY. AN OFFICER OF THE ORGANIZATION (THE
ALMONER) USES FUNDS AS HE SEES FIT FOR THE BENEFIT OF NEEDY PERSONS.

STATEMENT 7
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
DIRK R. MOLT 1410 PRINGLE STREET HENDERSON, KY 42420-4534	SECRETARY/REGIS 3.00	0. \$	0. \$	0.
MACK A. SCOTT P O BOX 361 SACRAMENTO, KY 42372	VENERABLE MASTR 1.00	0.	0.	0.
JOHN E. MOYERS 125 BUTTERCUP LOUISVILLE, KY 40218	SOV GRND INSPECT 1.00	0.	0.	0.
JAMES F. MOLT 2238 MELWOOD DRIVE HENDERSON, KY 42420-3871	PERSONAL REP 10.00	0.	0.	0.
BRYCE J. HAZELWOOD 13537 HWY 351 HENDERSON, KY 42420	SR WARDEN 1.00	0.	0.	0.
ROBERT S. PRUITT 1810 N ELM STREET HENDERSON, KY 42420	JR WARDEN 1.00	0.	0.	0.
EDWARD L. CLINARD 3740 KELLEY RD KEVIL, KY 42053-9531	MASTER OF KADOS 1.00	0.	0.	0.
REV R B HOOKS JR 800 BLUE LEVEL RD BOWLING GREEN, KY 42101-9001	CHAPLAIN 1.00	0.	0.	0.
CHARLES E. BEAL 1320 WEST NOEL MADISONVILLE, KY 42431-1127	TREASURER 1.00	0.	0.	0.
CHARLES R. FOSTER 900 GAMBLE LANE NORTONVILLE, KY 42442-9769	TILER/ALMONER 1.00	0.	0.	0.
ROBERT C. MALONE 3499 WITTY LANE HOPKINSVILLE, KY 42240-9031	JR WARDEN 1.00	0.	0.	0.
ROBERT H. MAJOR 205 CHAMBERS COURT HOPKINSVILLE, KY 42240	WISE MASTER 1.00	0.	0.	0.

STATEMENT 7 (CONTINUED)
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
ROBERT B. SCARBOROUGH 507 SHEFFIELD ROAD HOPKINSVILLE, KY 42240	SR WARDEN 1.00	0. \$	0. \$	0.
WILLIAM V. SIMPSON 1590 OLD CLAY-WHEATCROFT ROAD CALY, KY 42404	1ST LT COMM 1.00	0.	0.	0.
CHRISTOPHER M. GREEN 1427 STATE ROUTE 143 N CLAY, KY 42404	2ND LT COMM 1.00	0.	0.	0.
WILLIAM G. HENRY 4901 GIBSON ROAD CORYDON, KY 42406	COMMANDER 1.00	0.	0.	0.
RANDALL C. FREEMAN 2117 NEW HARMONY ROAD BENTON, KY 42025	PRIOR 1.00	0.	0.	0.
GARY L. ROACH 3615 BURLDEAN DRIVE PADUCAH, KY 42001-9098	PRECEPTOR 1.00	0.	0.	0.
TOTAL		\$ 0.	\$ 0.	\$ 0.

STATEMENT 8
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?

NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?

NO