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Return of Organization Exempt From Income Tax**2009**Department of the Treasury
Internal Revenue Service

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.

Open to Public Inspection**A For the 2009 calendar year, or tax year beginning , 2009, and ending ,**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type See Specific Instructions 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

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — ☒ 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

▶ \$ 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"/>		
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	7,125.
b Less direct expenses other than fundraising expenses	6b	874.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	6,251.
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 ▶ _____)	8	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	93,607.
10 Grants and similar amounts paid (attach schedule)	10	32,797.
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	19,686.
13 Professional fees and other payments to independent contractors	13	1,650.
14 Occupancy, rent, utilities, and maintenance	14	
15 Printing, publications, postage, and shipping	15	4,153.
16 Other expenses (describe ▶ SEE STATEMENT 2)	16	43,999.
17 Total expenses. Add lines 10 through 16	17	102,285.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,678.
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	478,861.
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	470,183.

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		695,879.	22 684,315.
23 Land and buildings			23
24 Other assets (describe ▶ SEE STATEMENT 3)		1,370.	24 1,370.
25 Total assets		697,249.	25 685,685.
26 Total liabilities (describe ▶ SEE STATEMENT 4)		218,388.	26 215,502.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		478,861.	27 470,183.

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

Form 990-EZ (2009)

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

SEE STATEMENT 8

	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? 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 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
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	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.	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 N/A	
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
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	
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 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

	Yes	No
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
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 ▶	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 **▶** ☐ N/A
43 N/A

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

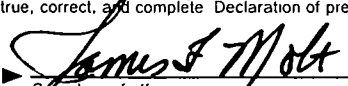

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances

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	
	Type or print name and title: Personal Representative, James F. Molt			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's Identifying Number (See instructions)
	 LARRY ALEXANDER	5/10/10	<input checked="" type="checkbox"/>	N/A P00210734
	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	

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

BAA

Form 990-EZ (2009)

FEDERAL STATEMENTS
ANCIENT AND ACCEPTED SCOTTISH RITE
OF VALLEY OF MADISONVILLE

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 BREEZEWOOD 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:	PREDETRMINED 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

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

TELEPHONE	\$	3,372.
UTILITIES		9,157.
TOTAL	\$	<u>43,999.</u>

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

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

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	<u>\$ 218,388.</u>	<u>\$ 215,502.</u>

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.

FEDERAL STATEMENTS
ANCIENT AND ACCEPTED SCOTTISH RITE
OF VALLEY OF MADISONVILLE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
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 INSPCT 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.

FEDERAL STATEMENTS
ANCIENT AND ACCEPTED SCOTTISH RITE
OF VALLEY OF MADISONVILLE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
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