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2009

Open to Public

Inspection

OMB No 1545 1150

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 salisfy state reporting requirements

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

Website: N/A		Α	For the 2009 calend	dar year, or tax year beginning , 2009, and en	ding		7
Interest change Section 50 (CA) For Walley Of Stockton Stockton CA 95204 Section 50 (CA) Stockton CA 95204 Section 50 (CA) Section 50 (C		<u>B_</u>		Employer identification number			
Name change Part			Address change use		94-0902815		
New Part P		Ц		tor OI valley OI Stockton	E	Telephone	number
**Section S01(x3) organizations and 4947(x)/1) nonexempt chantable trusts **Section S01(x3) organizations and 4947(x)/1) nonexempt chantable trusts **Section S01(x3) organizations and 4947(x)/1) nonexempt chantable trusts Website: N/A		=	Initial return type	· PO Box 4236		209-4	66-3391
**Section \$91(c)(3) organizations and \$49(7a)(1) nonexempt chantable trusts must stated a completed Schedule A (Form 990 or 999-E2). Website: N/A		Ħ	Spe Spe	cuic Stockton, CA 95204			<u></u>
**Section 5910(XD organizations and 4937(a)Y) nenevering charitable trusts with a must affact a completed Schedule A (form 990 or 990 et al. Accousting method X) Cash Accousting method X Cash Other (specify) + Check * If the organization is not a section 59(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990. Etc. or 990.9F) Check * X of the organization is not a section 59(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990. Etc. or 990.9F) Check * X of the organization is not a section 59(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990. Etc. or 990.9F) Check * X of the organization is not a section 59(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990. Etc. or 990.9F) Check * X of the organization is not a complete return or section of the organization and its gross receipts are normally not more than \$25,000. A form 990. Etc. or 990.9F) Check * X of the organization is not a complete return or section of the organization and its gross receipts are normally not more than \$25,000. A form 990. Etc. or 990.9F) Check * X of the organization is the organization or section is a complete return or section of the organization or section is a complete return or section or section of the organization or section is a complete return or section		=	tion				xemption
Website: N A Check M ft The organization is not received to all and stocked in Keep M Check M ft The organization is not received to all and stocked in Keep M Check M ft The organization is not section 505(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.00 A form 990-E2 or form 990 return is not required, but if the organization and its gross receipts are normally not more than \$25,000.00 A form 990-E2 or form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return instead of Form 990-E2 The organization chooses to file a return, be sure to file a complete return and the organization and its gross receipts, and series of form 990-E2 The organization chooses to file a return, be sure to file a complete return and the organization chooses to file a return, be sure to file a complete return and the organization chooses to file a return, be sure to file a complete return and the organization chooses to file a return, be sure to file a complete return and the organization chooses to file a return, be sure to file a complete return and and the organization chooses to file a complete return and and the organization chooses to file a complete return and and the organization chooses to file a complete return and and the organization chooses to file a complete return and and the organization chooses to file a complete return and and the organization chooses (a file of file organization chooses (a file organization chooses) and a complete return and allowance organization chooses (a file organization chooses (a file organization chooses) and and the organization chooses (a file organization chooses (a file organization chooses (a file organization chooses) and and the organization chooses (a file organization chooses (a file organization chooses) and and the organization chooses (a file organization chooses (a file organization chooses (a file organization chooses) and and sumitary amounts pa				(cV3) organizations and 4947(aV1) nonexempt charitable trusts	G Accounting met	nod X	Cash Accrual
Website: N/A			musi	attach a completed Schedule À (Form 990 or 990-EZ).	Other (specify)	<u> </u>	
K Check ► If the organization is not a section 59(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A form 990-E2 or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return \$25,000. A form 990-E2 or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return \$25,000. A form 990-E2 or Form 990 return 1 in the state to file a complete return \$25,000. A form 990-E2 or Form 990-E2 or Form 990-E2 in the file and the state of Form 990-E2 or Form 99		ı	Website: ► <u>N/A</u>		required to attain	ch Sche	
225,000. 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 instead of Form 990-EZ. 1		J_					
Instead of Form 990-EZ Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part) 1 1 3,033 3 3 3 3 3 3 3 3 3			Check ►If the \$25,000. A Form 99	organization is not a section 509(a)(3) supporting organization and its group of the organization chooses	oss receipts are nor to file a return, be s	mally no sure to f	ot more than le a complete return
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part) 1					m 990	⊳ ġ	105.722.
1 3,033 2 2 Program service revenue including government fees and contracts 2 3 61,415 4 14,288 4 14,4288 4 14,4288 4 14,4288 4 14,4288 5 14,455 5 14,655 14,655					ces (See the ins		
2 Program service revenue including government fees and contracts 3 61, 415 3 61, 415 4 Investment income 5a Gross amount from sale of assets other than inventory 5a 421. 5 6 6 6 745 6 6 6 745 7 6 6 7 7 8 7 7 7 7 9 1 8 7 7 1 8 7 7 1 8 7 7 1 8 7 7 1 8 8 8 1 8 8 8 1 9 8 8 1 9 8 8 1 9 8 8 1 9 10 10 10 1 1 8 10 1 1 8 1	,	Ť			222 (232 1110 1111	1	3,033.
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Special events and activities (compilet applicable before for Schedule G) If any amount is from gaming, check here reported on line 1)			b Less cost er-	other pasis and sales expenses 5b	465	.]	
Special events and activities (complete applicable bases for Schedule G) If any amount is from gaming, check here		Ŗ	c Gain or (loss) fro	m sale of-assets other than-inventory (Subtract In 5b from In 5a) See St	atement 1 _	5 c	-44.
Part		Ž	6 Special events ar	id activities (complete applicable parts of Schedule G). If any amount is from gaming, check	here •		
Part		Ň	a Gross reveniu				
C Net income or closs) from the lambda with the serior of the lambda control of the la		E	reported only	nd 1) (Ga			
7a Gross sales					14,973	.]]	
b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe > 9 Total revenue (describe > 9 B8, 417			c Net income or (ic	· · · · · · · · · · · · · · · · · · ·			
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c -260			7a Gross sales				
8 Other revenue (describe 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 88, 417 10 Grants and similar amounts paid (attach schedule) See Statement 2 10 15, 540 11 Benefits paid to or for members 11 12 28, 182 13 Professional fees and other payments to independent contractors 13 960 14 Occupancy, rent, utilities, and maintenance 14 12, 000 15 Occupancy, rent, utilities, and maintenance 16 29, 185 16 Other expenses (describe See Statement 3) 16 29, 185 17 Total expenses. Add lines 10 through 16 17 91, 718 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -3, 301 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) 19 629, 790 19 Net assets or fund balances at end of year Combine lines 18 through 20 20 -1, 571 10 Other changes in net assets or fund balances (attach explanation) See Statement 4 20 -1, 571 17 Occupancy, rent, utilities, and maintenance 18 through 20 21 624, 918 18 Excess or (deficit) for the year (Subtract line 17 from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 629, 790 18 Excess or fund balances at end of year Combine lines 18 through 20 21 624, 918 19 Other changes in net assets or fund balances (attach explanation) See Statement 4 20 -1, 571 10 Other changes in net assets or fund balances at end of year Combine lines 18 through 20 21 624, 918 20 Other changes in net assets or fund balances at end of year Combine lines 18 through 20 21 624, 918 21 624, 918 20 -1, 571 21 624, 918 22 Cash, savings, and investments 366, 407 22 584, 456 23 Land and buildings 23				⊣ 1	0.00		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe ► See Statement 3 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Net assets or fund balances (attach explanation) 19 Net assets or fund balances at end of year Combine lines 18 through 20 10 Other changes in net assets or fund balances (attach explanation) 19 See Statement 4 20 -1,571 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► See Statement 5 25 Total assets 26 Total liabilities (describe ► See Statement 6 27 Total lassets 28 Total liabilities (describe ► See Statement 6 29 Response of the instructions of the payments of payments o				-	-260.		
10 Grants and similar amounts paid (attach schedule) See Statement 2 10 15,540			,	-			
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14 12,000 15 15 15 15 15 15 15		E N				\rightarrow	
15 Printing, publications, postage, and shipping 16 Other expenses (describe > See Statement 3 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (attach explanation) See Statement 4 20 -1,571 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) Cash, savings, and investments 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe > See Statement 5 25 Total assets Cash See Statement 6 26 Statement 6 27 Total liabilities (describe > See Statement 6 28 See Statement 6 29 Total liabilities (describe > See Statement 6	_	S					
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18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Net assets or fund balances at end of year Combine lines 18 through 20 23 (See the instructions for Part II) 24 Cash, savings, and investments 25 Cash, savings, and investments 26 Other assets (describe See Statement 5 27 See Statement 6 28 (A) Beginning of year (B) End of year See Statement 5 29 Other assets (describe See Statement 5 20 0 -1,571 21 (A) Beginning of year (B) End of year See Statement 5 23 See Statement 5 24 Other assets (describe See Statement 5 25 Total assets 26 Total liabilities (describe See Statement 6 27 See Statement 6 28 See Statement 6 29 Other assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 20 0-1,571 21 (A) Beginning of year (B) End of year 19 21 (B) End of year 19 22 See Statement 5 23 See Statement 5 24 Other assets (describe See Statement 5 29 See Statement 6 20 0 1,571 21 (A) Beginning of year (B) End of year 19 21 (B) End of year 19 22 See Statement 5 23 See Statement 5 24 Other assets (describe See Statement 5 25 Other assets (describe See Statement 6 26 Total liabilities (describe See Statement 6 20 0 1,571 21 See Statement 6 21 See Statement 6	7					-	
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26 Total liabilities (describe ► See Statement 6) 13,468. 26 16,712	\sim						624,918.
26 Total liabilities (describe ► See Statement 6) 13,468. 26 16,712	닒	Pa	rt II Balance	ead of F	orm 990-EZ		
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26 Total liabilities (describe ► See Statement 6) 13,468. 26 16,712	\mathcal{S}_{-}	_		cribe > See Statement 5			
							
ZZ Net assets of fund datances time ZZ of column (B) must agree with line ZT) 1 1 0.73.730.1771 0.74.918							
				0. 2/	Form 990-EZ (2009)		

	990-EZ(2009) Ancient & Accep	ted Scottish Rite			<u>-090</u>)2815 Page 2
	t III Statement of Program Se				(Pag	Expenses
What i	is the organization's primary exempt purpose? Fr	<u>aternal & Scottish</u>	Rite Masonic (Charities_	501(uired for section c)(3) and (4)
Desc	ribe what was achieved in carrying out the ribe the services provided, the number of	e organization's exempt purpo persons benefited, or other r	oses. In a clear and con	icise manner, each	orga 4947	nizations and section (a)(1) trusts, optional
prog	ram title	persons benefited, or other r			for o	thers.)
28	Fraternal & Support of Sc	ottish Rite Langua	ge Disorder Ce	nter		
	(Grants \$) If the	is amount includes foreign gr	ants, check here	•	28 a	
29						
	(Grants \$) If the	s amount includes foreign gr	ants, check here		29 a	
30						
50						
	(Grants \$) If the	is amount includes foreign gr	ants, check here		30 a	
31	Other program services (attach schedule					
		is amount includes foreign gr	ants, check here	▶ □	31 a	
32	Total program service expenses (add line				32	
Par	t IV List of Officers, Directors	, Trustees, and Key En	iployees. List each o	ne even if not con	pens	ated (See the instrs.)
		(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account
	(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plar deferred compensa	is and	and other allowances
		to position		dererred compensa		
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BAA		TEEA0812L (01/30/10			Form 990-EZ (2009)

Par	Other Information (Note the statement requirements in the instrist for Part V.) See St	atem	ent	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		Х			
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.						
а	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?	35 a		Χ_			
b	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b					
	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			
	Enter amount of political expenditures, direct or indirect, as described in the instructions]	Х			
Ь	Did the organization file Form 1120-POL for this year?	37 b	ļ				
38 a	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?	38 a		X			
b	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/	A					
39	Section 501(c)(7) organizations. Enter	_					
а	Initiation fees and capital contributions included on line 9	_					
	Gross receipts, included on line 9, for public use of club facilities 39b N/	<u>A</u>					
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under						
	section 4911 ► <u>N/A</u> , section 4912 ► <u>N/A</u> , section 4955 ► <u>N/A</u>	.					
Ь	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						
	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						
е	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	40 e	†	X			
41	List the states with which a copy of this return is filed None						
	Telephone no 209- Located at PO Box 4236 Stockton CA 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	466-3 4	391_ Yes	No X			
	See the instructions for exceptions and filling requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts: 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: Section 4947(a)(1) nonexempt charitable trusts filling 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	42c	▶ □	X N/A N/A			
			Vas				
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead		Yes				
	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		Х			

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Page 4

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 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 46 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 49 a 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? 49b 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' (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employe (e) Expense (a) Name and address of each employee paid more than \$100,000 benefit plans and deferred compensation f Total number of other employees paid over \$100,000 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 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. Sign Signature of officer Date Here Treasurer Jack E. Helsb Type or print name and title Preparer's Identifying Number (See instructions) Check if Preparer's Paid signature Jack E Helsby 8/12/10 N/A employed Pre-Atherton & Associates Firm's name (or parer's yours if self employed), address, and ZIP + 4 1140 Scenic Drive N/A Use FIN Only (209) 577-4800 Phone no 🕨 Modesto, CA 95350 ►|X| Yes | No May the IRS discuss this return with the preparer shown above? See instructions Form 990-EZ (2009) BAA

2009	Federal Statements	Page 1	
Client HEL51	Ancient & Accepted Scottish Rite Of Valley Of Stockton		94-0902815
8/12/10 Statement 1 Form 990-EZ, Part I, Line 5c Net Gain (Loss) from Noninven	tory Sales		11 04AN
Publicly Traded Securitie	es		
Gross Sales Price: Cost or Other Basis:	421. 465.		
	Total Gain (Loss) Publicly Traded Se	curities 🖺	-44.
	Total Net Gain (Loss) From Noninvento	ry Sales \$	-44.
Statement 2 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Pa	aid		
Donee's Name: Donee's Address:	Stockton Scottish Rite Cathedra 31 W. Alpine	il	
Relationship of Donee: Cash Amount Given:	Stockton, CA 95204 Building for member meeti	\$	15,540.
Statement 3 Form 990-EZ, Part I, Line 16 Other Expenses			
Conferences, Conventions, Honorary Degrees Information Technology Insurance Masonic Organizations Miscellaneous New Aprons New Member Class Expense Office Expenses Officer Jewels & Badges Per-Capital Fees Repairs Supplies Travel	and Meetings	\$ Total \$	3,726. 1,300. 1,330. 1,047. 425. 733. 54. 1,678. 5,059. 523. 8,595. 179. 202. 4,334. 29,185.
Statement 4 Form 990-EZ, Part I, Line 20 Other Changes In Net Assets O	er Fund Balances		
Prior Period Adjustment		Total \$	-1,57 <u>1</u> . -1,57 <u>1</u> .

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