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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning JULY 1 , 2009, and ending JUNE 30 , 2010

B Check if applicable	C Name of organization GRAND COUNCIL OF KENTUCKY-ROYAL & SELECT MASTERS	D Employer identification number 61-0326335
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address)	E Telephone number 502-647-9229
<input type="checkbox"/> Name change	Room/suite	
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending	F Group Exemption Number ►	

• 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: ►J Tax-exempt status (check only one) — 501(c) (8) (insert no.) 4947(a)(1) or 527

H Check ► if the organization is not required to attach Schedule 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 ► \$ **73,294**

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
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 53,715
	4 Investment income	4
	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
Expenses	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 ► RITUALS, REIMBURSEMENTS, AND TICKETS)	8 19,579
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►	9 73,294
	10 Grants and similar amounts paid (attach schedule)	10
	11 Benefits paid to or for members	11
Net Assets	12 Salaries, other compensation, and employee benefits	12 11,607
	13 Professional fees and other payments to independent contractors	13 4,985
	14 Occupancy, rent, utilities, and maintenance	14 2,868
	15 Printing, publications, postage, and shipping	15 5,947
	16 Other expenses (describe ► YORK RITE, TRAVEL, ASSEMBLY, MISC.)	16 36,090
	17 Total expenses. Add lines 10 through 16 ►	17 61,497
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 11,797
	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 60,146
	20 Other changes in net assets or fund balances (attach explanation)	20 12,031
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 83,974

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.

22 Cash, savings, and investments	(A) Beginning of year	(B) End of year
	61,920	22 85,528
23 Land and buildings		23
24 Other assets (describe ► _____)		24
25 Total assets	61,920	25 85,528
26 Total liabilities (describe ► PAYROLL TAXES PAYABLE)	1,774	26 1,554
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	60,146	27 83,974

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

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, and other relevant information for each program title.

Expenses

(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

**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****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
ROBERT L. STANFORD FRANKLIN, KY 42123	GRAND MASTER - 6	0	0	0
WILLIAM HINTON SHELBYVILLE, KY 40066	GRAND RECORDER - 15	2,400	0	0

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

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

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?

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

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?

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

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

39a

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

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.

41 List the states with which a copy of this return is filed. ► _____

42a The organization's books are in care of ► **WILLIAM HINTON** Telephone no. ► **502-647-9229**
Located at ► **P.O. BOX 695, SHELBYVILLE, KY** ZIP + 4 ► **40066**

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**.

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**

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

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

	Yes	No
33		✓
34		✓
35a		
35b		
36		
37b		✓
38a		✓
38b		
39a		
39b		
40b		
40e		✓

	Yes	No
42b		✓
42c		✓

	Yes	No
44		✓
45		✓

Part VI

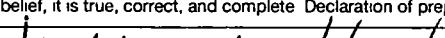
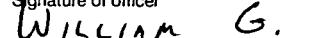
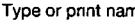
Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

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	46	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	48	
b	If "Yes," was the related organization a section 527 organization?	49a	
49b		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."		

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."

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				
	 WILLIAM G. HINTON, GRAND READER					
	 Type or print name and title					
Paid Preparer's Use Only	Preparer's signature	 Jeff C. Tuck	Date  11/10/10	Check if self- employed <input type="checkbox"/>	Preparer's identifying number (See instructions)  MCCORD & WHEELER FINANCIAL SERVICES, PLLC  103 WIND HAVEN, NICHOLASVILLE, KY 40356	EIN <input type="checkbox"/> 20-5421654
					Phone no <input type="checkbox"/> 859-219-2400	
May the IRS discuss this return with the preparer shown above? See instructions						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Form 990-EZ (2009)