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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

Form **990-EZ**

2010

Department of the Treasury
Internal Revenue Service

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
Ancient & Accepted Scottish Rite of Free Maso
 Number & street (or P O box, if mail is not delivered to street addr.) Room/suite
 P O BOX 6542
 City or town, state or country, and ZIP + 4
 Wheeling WV 26003

D Employer identification number
55-0113703

E Telephone number
(304) 233-3747

F Group Exemption Number. ► 0095

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ►

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

I Website: ► N/A

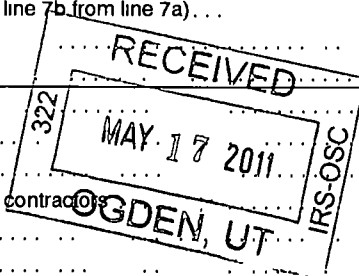
J Tax-exempt status (check only one) -- ☐ 501(c)(3) ☒ 501(c)(10) (insert no) 4947(a)(1) or 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ... ► \$ 147,773

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I. ☐

REVENUE	1	Contributions, gifts, grants, and similar amounts received	1	5,000
	2	Program service revenue including government fees and contracts	2	4,052
	3	Membership dues and assessments	3	49,898
	4	Investment income	4	5,286
	5a	Gross amount from sale of assets other than inventory	5a	16,345
	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	16,345
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)	6b	
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
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 in Schedule O)	8	67,192	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	147,773	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	2,687
	12	Salaries, other compensation, and employee benefits	12	31,724
	13	Professional fees and other payments to independent contractors	13	2,289
	14	Occupancy, rent, utilities, and maintenance	14	80,026
	15	Printing, publications, postage, and shipping	15	1,295
	16	Other expenses (describe in Schedule O)	16	24,539
17	Total expenses. Add lines 10 through 16	17	142,560	
ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	5,213
	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	379,203
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	384,416



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

SCANNED JUN 16 2011

Part II **Balance Sheets.** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	149,222	22 143,556
23	Land and buildings	69,951	23 79,504
24	Other assets (describe in Schedule O)	161,356	24 161,356
25	Total assets	380,529	25 384,416
26	Total liabilities (describe in Schedule O)	1,326	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	379,203	27 384,416

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **FRATERNAL ORGANIZATION**

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, & 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	See attachment #1		
	(Grants \$) If this amount includes foreign grants, check here	28a	56,874
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 (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	56,874

Part IV	List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instr. for Part IV.)
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Check if the organization used Schedule O to respond to any question in this Part IV

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		X
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.		X
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?		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 tax year covered by this return?		X
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 2,240		
b Gross receipts, included on line 9, for public use of club facilities 39b 25,521		
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 did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
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		X
41 List the states with which a copy of this return is filed. ▶ NONE		
42a The organization's books are in care of ▶ See attachment #3 Telephone no. ▶		
Located at ▶ ZIP + 4 ▶		
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)?		X
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.?		X
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 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		X

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions)	45a	X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

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

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
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"

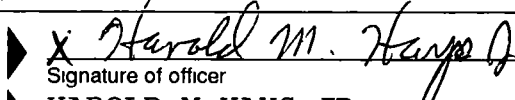
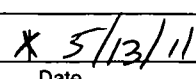
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☐ Yes ☒ No

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 Here		
	Signature of officer	Date
	HAROLD M HAYS JR	PERSONAL REPRESENTATIVE
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	H & R BLOCK		Firm's EIN	
	Firm's address	GLENWOOD PLACE 602 NATIONAL RD WHEELING WV 26003		Phone no. 304-233-1184	

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

☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Ancient & Accepted Scottish Rite of Free Masonry Vall 55-0113703

Employer identification number

LINE 2

INCOME REPORTED ON LINE 2 REPRESENTS
INCOME FROM MEMBER FUNCTIONS

2010 DETAIL STATEMENTS

Ancient & Accepted Scottish Ri
55-0113703

Page 1

STATEMENT #1 - Investment Income (990-EZ PG 1 Line 4)

DIVIDENDS.....	4,253
CD INTEREST.....	954
CHECKING INTEREST.....	13
OTHER INTEREST.....	66

TOTAL CARRIED TO 990-EZ PG 1 Line 4..... 5,286

STATEMENT #2 - Gross amt from sales of assets (990-EZ PG 1 Line 5a)

PFIZER.....	16,345
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TOTAL CARRIED TO 990-EZ PG 1 Line 5a..... 16,345

STATEMENT #3 - ()

BUILDING AND PARKING RENT.....	25,521
CREDIT CARD INCOME.....	1,624
FRONTIER TELEPHONE.....	6
MISCELLANEOUS.....	3,789
	301
LOBBY STORE.....	187
POP MACHINE.....	885
TRANSFER OF FUNDS.....	34,879

TOTAL CARRIED TO 67,192

STATEMENT #4 - ()

PICNIC EXPENSE.....	162
FLAG.....	96
BANK FEES.....	13
COMPUTER.....	170
KCCH.....	281
LOBBY STORE EXPENSES.....	214
DUES.....	186
NEW MEMBER EXPENSES.....	1,259
OFFICE EXPENSES.....	3,587
FOUNDATION.....	360
SUPREME COUNCIL PER CAPITA.....	10,390
SUPREME COUNCIL SENTINEL.....	200
WV CONF LUNCHEON.....	532
MISCELLANEOUS.....	7,089

TOTAL CARRIED TO 24,539

STATEMENT #5 - ()

TRUSTEE INVESTMENTS.....	72,539
LIFE MEMBER INVESTMENTS.....	88,817

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization Ancient & Accepted Scottish Rite of Free Masonry Valley	Employer Identification Number 55-0113703

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	56,874
Exempt Purpose Achievements			

PROVIDE AND MAINTAIN A MEETING PLACE FOR ANCIENT AND ACCEPTED SCOTTISH RITE OF FREE MASONRY

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending			
Name of Organization			Employer Identification Number	
Ancient & Accepted Scottish Rite of Free Masonry Valley			55-0113703	
(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def. Comp.	(E) Expense Account & Other Allowances
RICHARD S BROWN SR Wheeling, WV 26003	TEMP SECY-TREA & 33 10.00	0	0	0
JOHN R YODERS Moundsville, WV 26041	32 KCCH 10.00	0	0	0
PAUL CUNNINGHAM BEECH BOTTOM, WV	33 DEGREE KADOSH 10.00	0	0	0
BARRY E MILBERT Wheeling, WV 26003	32 DEG KCCH 10.00	0	0	0
HAROLD M HAYS JR Wheeling, WV 26003	PERSONAL REP	0	0	0

990 BOOKS ARE IN CARE OF

Attachment 3 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2010 or tax period beginning , and ending
Name of Organization Ancient & Accepted Scottish Rite of Free Masonry Valley	Employer Identification Number 55-0113703

Part V - Line 42a

Individual Name ... VERA BLACK
or
Business Name

Street Address 83 14TH ST

U.S. Address:

Zip code 26003 City Wheeling State WV
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number (304) 233-3747

Fax Number