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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010**Open to Public Inspection**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, 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.

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: Valley of Appalachians Accepted Scottish Rite
 Number and street (or P.O. box if mail is not delivered to street address): 427 West Pike St. Room/suite: 501
 City or town, state or country, and ZIP + 4: Clarksburg WV 26301-2711

D Employer identification number: 55-0384680

E Telephone number: 304-622-2361

F Group Exemption Number: 0095

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

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

I Website: www.valleyofappalachians.org

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (/ 0) ◀ (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. **\$ 71,984.44**

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	3504.57
	2	Program service revenue including government fees and contracts	2	0
	3	Membership dues and assessments	3	60322.00
	4	Investment income	4	6117.35
	5a	Gross amount from sale of assets other than inventory	5a	0
	5b	Less: cost or other basis and sales expenses	5b	0
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
Expenses	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 exceeds \$15,000)	6b	0
	c	Less: direct expenses from gaming and fundraising events	6c	0
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	0
	b	Less: cost of goods sold	7b	0
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	2040.52
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	71984.44
	Net Assets	10	Grants and similar amounts paid (list in Schedule O)	10
11		Benefits paid to or for members	11	18057.44
12		Salaries, other compensation, and employee benefits	12	14132.96
13		Professional fees and other payments to independent contractors	13	2723.36
14		Occupancy, rent, utilities, and maintenance	14	29952.66
15		Printing, publications, postage, and shipping	15	3329.89
16		Other expenses (describe in Schedule O)	16	16130.40
17		Total expenses. Add lines 10 through 16	17	84326.71
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-12342.27
Net Assets	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	265,085.07
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	14,928.50
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	269,671.30

For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990-EZ** (2010)

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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	265,085.00	267,671.30
23	Land and buildings	0	0
24	Other assets (describe in Schedule O) ✓	0	0
25	Total assets	265,085.00	267,671.30
26	Total liabilities (describe in Schedule O) ✓	0	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	265,085.00	267,671.30

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

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

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.

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

28	Provide social and recreational activities for members and provide relief assistance to members and others in need.	(Grants \$) If this amount includes foreign grants, check here	28a
29	Provide assistance to Childhood Language Disorder Centers in WV and in other areas.	(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

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

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

[illegible]

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?

45 Yes ☐ No ☒

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 may need to be completed instead of Form 990-EZ (see instructions)

45a Yes ☐ No ☒

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 Yes ☐ No ☒

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 ☐

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

47 Yes ☐ No ☒

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48 Yes ☐ No ☒

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a Yes ☐ No ☒

b If "Yes," was the related organization a section 527 organization?

49b Yes ☐ No ☒

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 **▶**

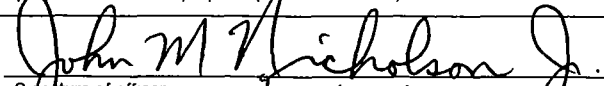
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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  **March 1, 2011**
 Signature of officer **Date**
John Nicholson, Treasurer
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no ▶			

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; Valley of Clarksburg

Employer identification number

55-0384680

*Part I line 8; Bank fee Reimbursement; Misc sales; and misc. receipts
line 16; Registration fees; Refund Dues; Per Capita to Supreme
Part I line 20; Change in net assets gain reflects increases
in stock market value of securities
as of December 31, 2010.*

Name of the organization

Employer identification number

Ancient & Accepted Scottish Rite

55-0384680

Valley of Clarkburg; Balance Sheet

Part IIDecember 31, 2010

<u>Assets:</u>		
Cash: BB&T Checking	21,454.41	
BB&T Checking (A) & Cash on hand	310.52	
Savings BB&T (A)	250.46	
RBC (Cash & MM)	11,010.86	
RBC (LM, Cash & MM)	298.64	
CD's: Harrison #0059	15,000.00	
BB&T	1,000.00	
BB&T (A) # 8140	19,762.10	
BB&T (A) # 6556	1,123.96	
Chase (A) # 0138625	15,000.00	
Subtotal	\$ 85,210.95	
<u>Securities:</u>		
RBC	81,614.92	
RBC (LM)	4,402.50	
T.R. Price	96,442.93	
	\$ 182,460.35	
Masonic Bldg Co Stock		
(5000 share @ \$10 each no value)		0
Furniture, Fixtures & Other Equipment		0
Total Assets		267,671.30
Total Liabilities		0
Net Worth		\$ 267,671.30