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Form 990-EZ

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)

Sponsonng 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

OMB No 1545-1150

2010

Open to Public Inspection

,	A Fo	For the 2010 calendar year, or tax year beginning Check if applicable C Name of organization A Cock Leads Cock Cock Cock Cock Cock Cock Cock Cock		010, and ending	, 20		
	3 Ch			ish Rite DEMI	oloyer identification number		
[⊒ ਘ	ddress ch	lange Vallen of Clarks lungs		55-03846 8	(0)	
Ļ	_	ame char			ephone number		
Ļ	=	itial returr erminated		50/ 30	0 <i>4-6</i> 22-236	b/	
ř	=	mended r	City or town, state or country, and ZIP + 4	F Gro	oup Exemption		
· [=	pplication	pending Clarkesburg VV 2630	1-27// Nu	mber ► 0095		
(G A	ccounti	ng Method. ☐ Cash ☐ Accrual Other (specify) ▶	H Check	▶ ☐ If the organization is	not	
ı		ebsite/			ed to attach Schedule B		
•	J Ta	x-exem	pt status (check only one) — ☐ 501(c)(3) 📈 501(c) (/ Ø) 🔻 (insert no.) ☐ 4947(a)	(1) or 527 (Form	990, 990-EZ, or 990-PF)		
1		heck 🕨					
			0-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be	required (see instructions).	. But if the organization choos	oses	
ī			return, be sure to file a complete return 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or receipts.				
				nore, or it total assets (Part I	1, 11904	44	
<u> </u>			ımn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$ /1, /87.	<u> </u>	
₹.	Fe	irt i	Revenue, Expenses, and Changes in Net Assets or Fund Ba Check if the organization used Schedule O to respond to any ques		uctions for Part I.)		
g .	- 1	4	Contributions, gifts, grants, and similar amounts received	don in this Part 1	1 3504.	/ /	
⊲		1 2	Program service revenue including government fees and contracts		2 3007.	<u> </u>	
É	Į	3	Membership dues and assessments		3 60 322	<u> </u>	
	ļ	4	Investment income		4 6/1/2	200	
		т 5а	Gross amount from sale of assets other than inventory	5a Ø	7 6/1/->	20	
		b	Less: cost or other basis and sales expenses	5b (2)	- } `, -		
	ł	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b f		5c ()		
		6	Gaming and fundraising events	· · · · · · · · · · · · · · · · · · ·			
		а	Gross income from gaming (attach Schedule G if greater than				
	9		\$15,000)	6a 6			
	Revenue	b	Gross income from fundraising events (not including \$	of contributions	 *		
	ê		from fundraising events reported on line 1) (attach Schedule G if the				
	_		sum of such gross income and contributions exceeds \$15,000)	6b <i>O</i>			
		С	Less: direct expenses from gaming and fundraising events	6c O]		
		d	Net incoma or (loss) from gaming and fundraising events (add lines 6	a and 6b and subtract			
					6d <i>O</i>		
		7a	Gross sales of Inventory (14ss returns and allowances	7a 0	_		
		b	Less post of goods sold	7b Ø	 		
	1	C	Grdss profit or (loss) from sales of inventory (Subtract line 7b from line 7	a)	7c 0	- ^	
		8	Other revenue describe in schedule O)		8 2040.	77	
-		9 10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u> </u>	9 77 984.	47	
		11	Benefits paid to or for members		11 18 05 7	44	
	s	12	Salaries, other compensation, and employee benefits			96	
	Expenses	13	Professional fees and other payments to independent contractors			18/2	
	be	14	Occupancy, rent, utilities, and maintenance		14 29 952	66	
	N N	15	Printing, publications, postage, and shipping		15 3329.	89	
		16	Other expenses (describe in Schedule O)		16 /6 /30.	40	
		17	Total expenses. Add lines 10 through 16		17 84, 326.	71	
	y,	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18 - 12342,	27)	
	set	19	Net assets or fund balances at beginning of year (from line 27, colum	n (A)) (must agree with	1 2 2 7 2 2		
	As		end-of-year figure reported on prior year's return)		19 265,085.	07	
	Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O) $ u$		20 14,928.	50	
	~	21	Net assets or fund balances at end of year. Combine lines 18 through 20	0	21 267. 67/.	30	

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

Cat No 106421

Par	t II	Balance Sheets. (see the instructions f	or Part II.)		Don't II		
	_,	Check if the organization used Schedule	O to respond to any ques	tion in this			· · · <u>M</u>
					(A) Beginning of ye	_ '	B) End of year
22		h, savings, and investments			265,00	. c 22	67,671.30
23		d and buildings			- 7	23	
24		er assets (describe in Schedule O) .V			265,085	24	2/12/11/3/
25		al assets					467,671.30
26		al liabilities (describe in Schedule O) .	(D) must sares with line 01	· · ·	0/5005	26	1 1 1 1 1 1 2 1 3 1
27		assets or fund balances (line 27 of column Statement of Program Service Accomp			265,085	, 0 27	<u> </u>
Part	ш	Check if the organization used Schedule				[] (Beg)	Expenses ured for section
\A/bat	io the	· · · · · · · · · · · · · · · · · · ·	E # 0				(3) and 501(c)(4)
		organization's primary exempt purpose? at was achieved in carrying out the organization's	s exempt purposes. In a clear	and concis	e manner descri		izations and section
		provided, the number of persons benefited, and o				70711	(a)(1) trusts, optional hers)
28		P ilos a minde	at a care to	-0		151 51	<u> </u>
20	۔۔۔۔۔۔	At the sound	no sucreation		0-1		
		and the second	o who show	<i>me</i> / L	rieg.		
	(Grant	s \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ncludes foreign grants, the	ock here	Leew.		
29	<u>Januarii</u>	Paride de tras	12 73			<u> </u>	
		Para a di Andre Davis	The Coat	10000	- W/1/		
		and in	other and				
	(Grant	ts \$) If this amount i	ncludes foreign grants, che	ck here	▶ 「	29a	
30	<u> </u>						
		,					
		,					
	(Gran	ts\$) If this amount i	ncludes foreign grants, che	ck here .	▶ [30a	
31	Other	program services (describe in Schedule O)					
	(Gran		ncludes foreign grants, che	eck here .	▶[ີ ໄ31a	
32	Total	program service expenses (add lines 28a t	hrough 31a)		<u> </u>	32	
Part	IV	List of Officers, Directors, Trustees, and Key				the instruc	ctions for Part IV.)
		Check if the organization used Schedule					· · · · □
		(a) Name and address	(b) Title and average hours per week	(c) Comper (If not page)	aid, employee b	ibutions to enefit plans &	
) '	+	devoted to position	enter -0)) deferred co	ompensation	other allowances
<u> </u>		a formula	1)//: W.				
	27	VV. 12 KW 20.	office may	A		A	
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rait	Check if the organization used Schedule O to respond to any question in this Part V		
	- Chook if the organization about constant of to respond to any question in this rail v	<u> </u>	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	33	V 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)	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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 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 tax year covered by this return?	38a	<u>'</u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	. ,,	
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9	5	
b	Gross receipts, included on line 9, for public use of club facilities	-	
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	40b	
С	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	40e	
41	List the states with which a copy of this return is filed.		<u> </u>
42a	The organization's books are in care on Ruta Forgatte Telephone no. ► 30 Located at ► 427 W. Take St. Clashesters W ZIP + 4 ► 263		22-23 -27//
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)?	•	Yes No.
	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.	7	
С	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		
44a	Did the organization maintain any denor advised friends divided the company is 1977-19. The company is 1977-19.		Yes No
т∙а	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44-	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44a	
-	completed instead of Form 990-EZ	44b	
С	Did the organization receive any payments for indoor tanning services during the year?	44c	
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	44d	

Form 990	0-EZ (20	010)						Page 4
				_			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	es No
45	Is any	related organization a controlled enti	ity of the organization within the r	meanin	g of section	n 512(b)(13)?	45	X_
а		ne organization receive any payment fi						1
		ing of section 512(b)(13)? If "Yes," F		need to	be comp	leted instead of		
		990-EZ (see instructions)					45a	X_{-}
46		ne organization engage, directly or ind indidates for public office? If "Yes," co					46	
Part \		Section 501(c)(3) organizations a 501(c)(3) organizations and section and 52, and complete the tables for	n 4947(a)(1) nonexempt charit	kempt table to	charitabl rusts must	e trusts only. At answer question	ll secti ns 47-	on -49b
		Check if the organization used Sche	edule O to respond to any ques	tion in	this Part V	1		🗆
							\	res No
47	Did th	ne organization engage in lobbying ac	tivities? If "Yes," complete Sched	dule C,	Part II .		47	X_
48	Is the	organization a school as described in	section 170(b)(1)(A)(ii)? If "Yes," co	omplete	Schedule	E	48	X_
49a	Did th	ne organization make any transfers to	an exempt non-charitable related	d organ	nization?		49a	-X
b		s," was the related organization a sec					49b	$\perp X$
50		olete this table for the organization's f						
	emple	oyees) who each received more than s			anization. II	there is none, en		
	(a) Na	me and address of each employee paid more	(b) Title and average hours per week	(6, 66	impensation	employee benefit plans &	acco	Expense ount and
		than \$100,000	devoted to position			deferred compensation	other a	allowances
	4\/	<u> </u>						
	/ V			<u> </u>				
			·					
f	Total	number of other employees paid over	er \$100,000 ▶					
51		plete this table for the organization's			nt contracto	ors who each rec	eived r	nore than
		,000 of compensation from the organ		one."				
		(a) Name and address of each independent con	ntractor paid more than \$100,000		(b) 1yp	be of service	(c) Com	pensation
					·			
								
				1				
đ		number of other independent contract			.▶			
52		he organization complete Schedule A	Calcada A Calcada A A		ns and 494	7(a)(1)	7	
		xempt charitable trusts must attach a			• • •	<u> </u>] Yes	⊔ No
true, co	rrect, an	of perjury, I declare that I have examined this re nd complete. Declaration of preparer (offer than	eturn, including accompanying schedules a officer) is based on all information of which	and state h prepare	ments, and to er has any kno	the best of my knowled wledge	dge and	belief, it is
		() 10/1-	Λ	<u> </u>		0/1		
٥.	l	John William	holos		i i	March	1 6	2011
Sign		Signature of officer	1			Date	') 	
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		Type or print name and title	, , , , , ,		_	i		
Paid	···	Print/Type preparer's name	Preparer's signature		Date	Check ☐ if	PTIN	
Prep						self-employed		
-	Only	Firm's name ▶				Firm's ElN ▶		
	Firm's address ▶ Phone no							
May t	he IRS	discuss this return with the preparer	shown above? See instructions		<u></u>	<u> ▶</u> [Yes	□ No

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2010

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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.

Inspection

Employer identification number

Ancient & accepted Scottish Rite; Valley of Clarksburg 55-038 4680
Part I line 8; Bank fu Reimbursment; Mira soles; and misc receipts line 16; Registration fees; Refund Dues; Per Capita to Supreme
line 16; Registration fees; Refund Dues; Per Capita to Supreme
Port I line 20: Change in net assets gain reflects increases
in stock market value of securities
Part I line 20; Change in net assets gain reflects increases in stock market value of securities as of December 31, 2010.
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\$267,671.30

nex Worth

Total Liabilities