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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)

▶ 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*

OMB No 1545-1150

2010

Open to Public Inspection

**A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010**

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

**C** Name of organization  
THE GRAND COUNCIL OF THE ALLIED MASONIC DEGREES OF THE USA INC  
Number and street (or P O box, if mail is not delivered to street address) Room/suite  
10866 BUTLER RD  
City or town, state or country, and ZIP + 4  
NEWARK, OH 430558852

**D Employer identification number**  
58-1584857  
**E Telephone number**  
(740) 345-0828  
**F Group Exemption Number** ▶

**G** Accounting method ☒ Cash ☐ Accrual Other (specify) ▶  
**I Website:** ▶ WWW.YORKRITE.COM  
**J Tax-Exempt status** (check only one) — ☐ 501(c)(3) ☒ 501(c)( 10) ▶ (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 \$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 ▶ \$ 93,451

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 . . . . . <input checked="" type="checkbox"/>			
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 . . . . .	366,837
	4	Investment income . . . . .	41,948
	5a	Gross amount from sale of assets other than inventory . . . . .	5c
	5b	Less cost or other basis and sales expenses . . . . .	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	
	6	Gaming and fundraising events	6d
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
	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) . . . . .	
Expenses	c	Less direct expenses from gaming and fundraising events . . . . .	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	
	7a	Gross sales of inventory, less returns and allowances . . . . .	7c6,166
	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 in Schedule O) . . . . .	8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	974,951
	10	Grants and similar amounts paid (list in Schedule O) . . . . .	106,000
	11	Benefits paid to or for members . . . . .	11
	12	Salaries, other compensation, and employee benefits . . . . .	128,000
Net Assets	13	Professional fees and other payments to independent contractors . . . . .	1310,775
	14	Occupancy, rent, utilities, and maintenance . . . . .	145,455
	15	Printing, publications, postage, and shipping . . . . .	1529,036
	16	Other expenses (describe in Schedule O) . . . . .	1613,835
	17	Total expenses. Add lines 10 through 16 . . . . .	1773,101
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	181,850
	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) . . . . .	19215,211
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	200
	21	Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . ▶	21217,061

Part II

Balance Sheets

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

☒

(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments . . . . .	213,300	22	215,607
23	Land and buildings . . . . .		23	
24	Other assets (describe in Schedule O) . . . . .	1,911	24	1,454
25	Total assets . . . . .	215,211	25	217,061
26	Total liabilities (describe in Schedule O) . . . . .	0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	215,211	27	217,061

Part III

Statement of Program Service Accomplishments

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

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What is the organization's primary exempt purpose? NATIONAL ORGANIZATION FOR THE VARIOUS ALLIED MASONIC DEGREES IN THE UNITED STATES OF AMERICA		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
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			
28	TO ASSUME, HOLD AND EXERCISE JURISDICTION AND CONTROL OVER SUCH MASONIC DEGREES THAT ARE NOT UNDER JURISDICTION AND CONTROL OF SOME OTHER RECOGNIZED AND REGULARITY CONSTITUTED BODY OF FREEMASONRY, TO PRESERVE THESE DEGREES, AND TO ENGAGE IN, FOSTER, AND ENCOURAGE MASONIC STUDY AND RESEARCH, TO ESTABLISH AND ORGANIZE COUNCILS OF THE ALLIED MASONIC DEGREES AND BODIES ATTACHED THERE TO, SUBORDINATE TO THE GRAND COUNCIL, AND TO ENACT LAWS, RULES AND REGULATIONS FOR THE GOVERNMENT THEREOF (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	58,776
29	 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . .	32	58,776

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

☒

(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
See Additional Data Table				

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 . . . . .	33	No
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	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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?	35a	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions) . . . . .	35b	
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 . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text"/> <b>37a</b> <input type="text"/> 0		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . <b>38b</b> <input type="text"/>		
39	<i>Section 501(c)(7) organizations.</i> Enter		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> <input type="text"/>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> <input type="text"/>		
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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	
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 . . <input type="text"/>		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="text"/>		
e	<i>All organizations.</i> 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	No
41	List the states with which a copy of this return is filed <input type="text"/>		
42a	The organization's books are in care of <input type="text"/> FRANKLIN C BONER Telephone no <input type="text"/> (740) 345-0828 10866 BUTLER RD Located at <input type="text"/> NEWARK, OH ZIP + 4 <input type="text"/> 43055		
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 <input type="text"/> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	42b	No
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 <input type="text"/>	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . <input type="text"/> <b>43</b> <input type="text"/>		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	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 Form990-EZ		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		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.

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

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

50(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

51(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		2011-04-19 Date		
	FRANKLIN BONER GRAND SECRETARY Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	TIMOTHY S SOLT CPA	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	WILSON SHANNON & SNOW INC TEN WEST LOCUST STREET NEWARK, OH 43055			EIN
					Phone no (740) 345-6611

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

☒ Yes☐ No

Additional Data

Software ID:

Software Version:

EIN: 58-1584857

Name: THE GRAND COUNCIL OF THE ALLIED MASONIC DEGREES OF THE USA INC

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
WILLIAM R LOGAN 114 HULSEY DRIVE GREENWOOD, SC 296469223	PAST SOVEREIGN GRAND MASTE 5 00	0	0	0
C MICHAEL WATSON 257 COUNTRYSIDE DR N TROY, OH 453734584	SOVEREIGN GRAND MASTER 10 00	0	0	0
DOUGLAS L JORDAN 13101 MOSS RANCH LANE FAIRFAX, VA 220333535	DEP GRAND WARDEN 10 00	0	0	0
JOE R MANNING JR PO BOX 8 CUSHING, OK 740230008	SENIOR GRAND WARDEN 10 00	0	0	0
J M JIMMY WILLSON PO BOX 666 FLOYDADA, TX 792350666	GRAND TREASURER 20 00	1,500	0	0
FRANKLIN C BONER 10866 BUTLER RD NEWARK, OH 430558852	GRAND SECRETARY 20 00	6,500	0	0
MATTHEW D DUPREE PO BOX 768 GWYNEDD VALLEY, PA 194370768	JR GRAND WARDEN 5 00	0	0	0
WILLIAM H KOON II 7200 SLABTOWN ROAD COLUMBUS GROVE, OH 458309484	SENIOR GRAND DEACON 5 00	0	0	0
ROBERT G DAVIS P O BOX 70 GUTHRIE, OK 730440070	JR GRAND DEACON 5 00	0	0	0
DOUGLAS S MOORE 420 CHAMBERWOOD RD MONROE, NC 28112	GRAND CHAPLAIN 5 00	0	0	0
LAWRENCE E TUCKER 5509 WEST LOOP SOUTH SUITE 495 BELLAIRE, TX 774012402	GRAND DIR OF CEREMONIES 5 00	0	0	0
JEFFREY L COOK 149 RIO VERDE DR BELLEVILLE, IL 622213185	GRAND LECTURER 5 00	0	0	0

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 to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public  
Inspection

<b>Name of the organization</b> THE GRAND COUNCIL OF THE ALLIED MASONIC DEGREES OF THE USA INC	<b>Employer identification number</b>  58-1584857
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST 1,948

Identifier	Return Reference	Explanation
INCOME FROM SALES OF INVENTORY	FORM 990-EZ, PART I, LINE 7	INCOME GROSS RECEIPTS 24,666 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 18,500 GROSS PROFIT 6,166 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 0 MERCHANDISE PURCHASED 18,500 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 0 INVENTORY AT END OF YEAR 0 COST OF GOODS SOLD 18,500



Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME DE MOLAY INTERNATIONAL AMOUNT GIVEN 1,500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME INTERNATIONAL ORDER OF RAINBOW AMOUNT GIVEN 1,500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME GEORGE WASHINGTON MASONIC MEMORIAL AMOUNT GIVEN 1,500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION DONATION GRANTEE NAME INTERNATIONAL ORDER OF JOB'S DAUGHTERS AMOUNT GIVEN 1,500 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 6,000

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION BANK CHARGES AMOUNT 142 DESCRIPTION DEPRECIATION AMOUNT 843 DESCRIPTION GRAND MASTER EXPENSE AMOUNT 6,000 DESCRIPTION MISCELLANEOUS AMOUNT 285 DESCRIPTION OFFICE EXPENSE AMOUNT 4,750 DESCRIPTION EQUIPMENT MAINTENANCE AMOUNT 1,815 TOTAL TO FORM 990-EZ, LINE 16 13,835

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 1,911 END OF YEAR AMOUNT 1,454

**TY 2010 Transfers Personal Benefits  
Contracts Declaration**

**Name:** THE GRAND COUNCIL OF THE ALLIED MASONIC  
DEGREES OF THE USA INC

**EIN:** 58-1584857

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.