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Form 990-EZ

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

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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	D Employer identification number 58-1584857
Number and street (or P O box, if mail is not delivered to street address) 10866 BUTLER RD	E Telephone number (740) 345-0828
City or town, state or country, and ZIP + 4 NEWARK, OH 430558852	F Group Exemption Number ►

G Accounting method Cash Accrual Other (specify) ► _____I Website: ► WWWYORKRITE.COMJ Tax-Exempt status (check only one) — 501(c)(3) 501(c)(10) (insert no) 4947(a)(1) or 527H 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 ►

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 66,837
4 Investment income	4 1,948
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 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)	6d
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)	
7a Gross sales of inventory, less returns and allowances	7a 24,666
b Less cost of goods sold	7b 18,500
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 6,166
8 Other revenue (describe in Schedule O)	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 74,951
10 Grants and similar amounts paid (list in Schedule O)	10 6,000
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 8,000
13 Professional fees and other payments to independent contractors	13 10,775
14 Occupancy, rent, utilities, and maintenance	14 5,455
15 Printing, publications, postage, and shipping	15 29,036
16 Other expenses (describe in Schedule O)	16 13,835
17 Total expenses. Add lines 10 through 16	17 73,101
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 1,850
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)	19 215,211
20 Other changes in net assets or fund balances (explain in Schedule O)	20 0
21 Net assets or fund balances at end of year Combine lines 18 through 20	21 217,061

Part II Balance SheetsCheck 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 <input type="checkbox"/> 215,607
23 Land and buildings			23 <input type="checkbox"/>
24 Other assets (describe in Schedule O)		1,911	24 <input type="checkbox"/> 1,454
25 Total assets		215,211	25 <input type="checkbox"/> 217,061
26 Total liabilities (describe in Schedule O)		0	26 <input type="checkbox"/> 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		215,211	27 <input type="checkbox"/> 217,061

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

NATIONAL ORGANIZATION FOR THE VARIOUS ALLIED MASONIC DEGREES IN THE UNITED STATES OF AMERICA

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 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 **28a** **58,776**

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) **31a**

(Grants \$) If this amount includes foreign grants, check here **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

- 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 Yes 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 Yes No
- 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 35a Yes No
- 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? 35b
- b** If "Yes," has it filed a tax return on **Form 990-T** 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 Yes No
- 37a** Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 37b
- b** Did the organization file **Form 1120-POL** for this year? 37b
- 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 Yes No
- b** If "Yes," complete Schedule L, Part II and enter the total amount involved 38b
- 39** *Section 501(c)(7) organizations.* Enter 39a
- a** Initiation fees and capital contributions included on line 9 39b
- b** Gross receipts, included on line 9, for public use of club facilities 39b
- 40a** *Section 501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under section 4911 40a
- 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
- 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 40c
- d** *Section 501(c)(3) and 501(c)(4) organizations.* Enter amount of tax on line 40c reimbursed by the organization 40d
- 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 40e Yes No
- 41** List the states with which a copy of this return is filed 41
- 42a** The organization's books are in care of 42a **FRANKLIN C BONER** Telephone no 42a **(740) 345-0828**
10866 BUTLER RD
Located at 42a **NEWARK, OH** ZIP + 4 42a **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)? 42b Yes No
If "Yes," enter the name of the foreign country 42b
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.? 42c Yes No
If "Yes," enter the name of the foreign country 42c
- 43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here 43 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? If "Yes," *Form 990 must be completed instead of Form 990-EZ.* 44a Yes 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 Yes No
- c** Did the organization receive any payments for indoor tanning services during the year? 44c Yes 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
44a	<input type="checkbox"/>	<input type="checkbox"/>
44b	<input type="checkbox"/>	<input type="checkbox"/>
44c	<input type="checkbox"/>	<input type="checkbox"/>
44d	<input type="checkbox"/>	<input type="checkbox"/>

	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 Form 990-EZ	45	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 Form 990-EZ	45a	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	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?		
b If "Yes," was the related organization a section 527 organization?		

<p>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."</p>				
(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

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 FRANKLIN BONER GRAND SECRETARY Type or print name and title	2011-04-19 Date		
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 <input checked="" type="checkbox"/>
				Phone no <input checked="" type="checkbox"/> (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
JO E 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.

2010**Open to Public
Inspection****Name of the organization**THE GRAND COUNCIL OF THE ALLIED MASONIC
DEGREES OF THE USA INC**Employer identification number**

58-1584857

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.