



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Form **990-EZ** (2010)

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 . . . . .                                                    | 49,650                | 22              | 58,112  |
| 23                                  | Land and buildings . . . . .                                                                | 7,800                 | 23              | 7,800   |
| 24                                  | Other assets (describe in Schedule O) . . . . .                                             | 85,498                | 24              | 81,887  |
| 25                                  | <b>Total assets</b> . . . . .                                                               | 142,948               | 25              | 147,799 |
| 26                                  | <b>Total liabilities</b> (describe in Schedule O) . . . . .                                 |                       | 26              |         |
| 27                                  | <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . | 142,948               | 27              | 147,799 |

Part III

Statement of Program Service Accomplishments

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

☒

| What is the organization's primary exempt purpose?<br>RAISE FUNDS TO SUPPORT THE LOCAL AND NATIONAL GOALS OF THE MASON ORGANIZATION                                                                                                                                                        |                                                                                                                                                                                              | Expenses<br>(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others ) |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--|
| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 PROVIDE FOR THE LOCAL COMMUNITY THROUGH EXAMPLE, GOOD WORKS AND SUPPORT BASED ON THE GOALS OF THE FREEMASONS<br>(Grants \$ ) If this amount includes foreign grants, check here . . . . . | 28a                                                                                                                           |  |
| 29                                                                                                                                                                                                                                                                                         | <br>(Grants \$ ) If this amount includes foreign grants, check here . . . . .                                                                                                                | 29a                                                                                                                           |  |
| 30                                                                                                                                                                                                                                                                                         | <br>(Grants \$ ) If this amount includes foreign grants, check here . . . . .                                                                                                                | 30a                                                                                                                           |  |
| 31                                                                                                                                                                                                                                                                                         | Other program services (describe in Schedule O) . . . . .<br>(Grants \$ ) If this amount includes foreign grants, check here . . . . .                                                       | 31a                                                                                                                           |  |
| 32                                                                                                                                                                                                                                                                                         | <b>Total program service expenses</b> (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

☒

| (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 significant 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?                                                                                                                                                                                                                                                                                    | 35a | No |
| b   | If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .                                                                                                                                                                                                                                                                                                                              | 35b |    |
| c   | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . .                                                                                                                                                                                                                                                | 35c | No |
| 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="checkbox"/> <b>37a</b> <input type="text"/>                                                                                                                                                                                                                                                                                                                   |     |    |
| b   | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                 | 37b | No |
| 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 . . . . .                                                                                                                                                                                                                                                                                                                                                                                    | 38b |    |
| 39  | Section 501(c)(7) organizations. Enter                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |    |
| a   | Initiation fees and capital contributions included on line 9 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                  | 39a |    |
| 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 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____                                                                                                                                                                                                                            |     |    |
| 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 . . . . <input type="checkbox"/> _____                                                                                                                                                                                                                                                  |     |    |
| d   | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                                                  |     |    |
| 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 | No |
| 41  | List the states with which a copy of this return is filed <input type="checkbox"/> VA _____                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| 42a | The organization's books are in care of <input type="checkbox"/> ROBERT A WILLIS _____ Telephone no <input type="checkbox"/> (804) 561-2115<br>PO BOX 579<br>Located at <input type="checkbox"/> AMELIA COURTHOUSE, VA _____ ZIP + 4 <input type="checkbox"/> 23002                                                                                                                                                                                                     |     |    |
| 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)?<br>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____<br>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 ?<br>If "Yes," enter the name of the foreign country <input type="checkbox"/> _____                                                                                                                                                                                                                                                                                    | 42c | No |
| 43  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . <input type="checkbox"/> <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 |    |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                                                                                                                                                                 | 45a | No |
| 45b | 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)                                                                                                                                                                                                                      | 45b |    |

|    |                                                                                                                                                                                            |     |    |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
|    |                                                                                                                                                                                            | 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 |     | 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 or have a section 501(h) election in effect during the tax year? 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 |
|----------------------------------------------------------------|----------------------------------------------------------|------------------|---------------------------------------------------------------------|------------------------------------------|
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |
|                                                                |                                                          |                  |                                                                     |                                          |

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                                                                       | *****                                                                            |                 | 2012-05-15               |            |                                                                     |
|                                                                                 | Signature of officer                                                             |                 | Date                     |            |                                                                     |
| Paid Preparer's Use Only                                                        | ROBERT A WILLIS TREASURER                                                        |                 |                          |            |                                                                     |
|                                                                                 | Type or print name and title                                                     |                 |                          |            |                                                                     |
|                                                                                 | Preparer's signature                                                             | WILLIAM E HARDY | Date                     | 2012-05-02 |                                                                     |
|                                                                                 | Check if self-employed                                                           |                 | <input type="checkbox"/> |            |                                                                     |
| Paid Preparer's Use Only                                                        | Preparer's taxpayer identification number (See instructions)                     |                 |                          |            |                                                                     |
|                                                                                 | Firm's name (or yours if self-employed), address, and ZIP + 4                    |                 | EIN                      |            |                                                                     |
|                                                                                 | HARRIS HARDY & JOHNSTONE PC<br>9201 ARBORETUM PKWY STE 200<br>RICHMOND, VA 23236 |                 | (804) 560-0560           |            |                                                                     |
| May the IRS discuss this return with the preparer shown above? See instructions |                                                                                  |                 |                          |            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public  
Inspection

|                                                                                      |                                                  |
|--------------------------------------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>ANCIENT FREE & ACCEPTED MASONS OF<br>VA 101 AMELIA LODGE | Employer identification number<br><br>23-7227925 |
|--------------------------------------------------------------------------------------|--------------------------------------------------|

| Identifier             | Return Reference                 | Explanation                                                                                                                                                                                                                                                    |
|------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| OTHER REVENUE          | FORM 990-EZ,<br>PART I, LINE 8   | LODGE RENTAL 14,645 MISCELLANEOUS INCOME 444 TOTAL 15,089                                                                                                                                                                                                      |
| OTHER EXPENSES         | FORM 990-EZ,<br>PART I, LINE 16  | EXPENSES PRINTING, PUBLICATIONS, P 2,063 DUES & SUBSCRIPTIONS 231 CHARITY EXPENSES 6,523<br>SUPPLIES 995 GRAND LODGE 9,329 INSURANCE 1,614 OFFICE EXPENSE 963 TAXES & LICENSES 10<br>MISCELLANEOUS EXPENSES 504 NON-INVESTMENT DEPRECIATION 3,611 TOTAL 25,843 |
| OTHER ASSETS           | FORM 990-EZ,<br>PART II, LINE 24 | ACCUM DEPREC 0 0 LESS ACCUMULATED DEPRECIATION 120,764 124,375 RENOVATION 22,000 22,000<br>PAVING 22,677 22,677 LAND AND BUILDINGS 117,357 117,357 OTHER ASSETS 44,228 44,228 TOTAL<br>85,498 81,887                                                           |
| PRIMARY EXEMPT PURPOSE | FORM 990-EZ,<br>PART III         | RAISE FUNDS TO SUPPORT THE LOCAL AND NATIONAL GOALS OF THE MASON ORGANIZATION                                                                                                                                                                                  |

Form

4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment  
Sequence No 179

Department of the Treasury  
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

|                                                |                                                                          |                                  |
|------------------------------------------------|--------------------------------------------------------------------------|----------------------------------|
| Name(s) shown on return<br>VA 101 AMELIA LODGE | Business or activity to which this form relates<br>INDIRECT DEPRECIATION | Identifying number<br>23-7227925 |
|------------------------------------------------|--------------------------------------------------------------------------|----------------------------------|

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

|                                                                                                                                        |   |           |
|----------------------------------------------------------------------------------------------------------------------------------------|---|-----------|
| 1 Maximum amount (see instructions)                                                                                                    | 1 | 500,000   |
| 2 Total cost of section 179 property placed in service (see instructions)                                                              | 2 |           |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions)                                             | 3 | 2,000,000 |
| 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-                                                       | 4 |           |
| 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions | 5 |           |

|                                                                                                                      |                              |                  |  |
|----------------------------------------------------------------------------------------------------------------------|------------------------------|------------------|--|
| 6 (a) Description of property                                                                                        | (b) Cost (business use only) | (c) Elected cost |  |
|                                                                                                                      |                              |                  |  |
|                                                                                                                      |                              |                  |  |
| 7 Listed property Enter the amount from line 29                                                                      | 7                            |                  |  |
| 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7                                | 8                            |                  |  |
| 9 Tentative deduction Enter the smaller of line 5 or line 8                                                          | 9                            |                  |  |
| 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562                                             | 10                           |                  |  |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11                           |                  |  |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11                              | 12                           |                  |  |
| 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12                                        | 13                           |                  |  |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions )

|                                                                                                                                                |    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 |  |
| 15 Property subject to section 168(f)(1) election                                                                                              | 15 |  |
| 16 Other depreciation (including ACRS)                                                                                                         | 16 |  |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

|                                                                                                                                      |    |       |
|--------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| Section A                                                                                                                            |    |       |
| 17 MACRS deductions for assets placed in service in tax years beginning before 2011                                                  | 17 | 3,611 |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here |    |       |

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |                                                                            |                     |                |            |                            |
| b 5-year property              |                                      |                                                                            |                     |                |            |                            |
| c 7-year property              |                                      |                                                                            |                     |                |            |                            |
| d 10-year property             |                                      |                                                                            |                     |                |            |                            |
| e 15-year property             |                                      |                                                                            |                     |                |            |                            |
| f 20-year property             |                                      |                                                                            |                     |                |            |                            |
| g 25-year property             |                                      |                                                                            | 25 yrs              |                | S/L        |                            |
| h Residential rental property  |                                      |                                                                            | 27 5 yrs            | MM             | S/L        |                            |
|                                |                                      |                                                                            | 27 5 yrs            | MM             | S/L        |                            |
| i Nonresidential real property |                                      |                                                                            | 39 yrs              | MM             | S/L        |                            |
|                                |                                      |                                                                            |                     | MM             | S/L        |                            |

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

|                |  |  |        |    |     |  |
|----------------|--|--|--------|----|-----|--|
| 20a Class life |  |  |        |    | S/L |  |
| b 12-year      |  |  | 12 yrs |    | S/L |  |
| c 40-year      |  |  | 40 yrs | MM | S/L |  |

Part IV Summary (see instructions)

|                                                                                                                                                                                                             |    |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 21 Listed property Enter amount from line 28                                                                                                                                                                | 21 |       |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | 22 | 3,611 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs                                                                  | 23 |       |

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

|                                                                                                                                                                            |                               |                                            |                            |                                                              |                        |                                                                                                 |                                |                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------|----------------------------|--------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------|--|
| 24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No                                          |                               |                                            |                            |                                                              |                        | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |                                 |  |
| (a)<br>Type of property (list vehicles first)                                                                                                                              | (b)<br>Date placed in service | (c)<br>Business/ investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period | (g)<br>Method/ Convention                                                                       | (h)<br>Depreciation/ deduction | (i)<br>Elected section 179 cost |  |
| 25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) |                               |                                            |                            |                                                              |                        |                                                                                                 | 25                             |                                 |  |
| 26 Property used more than 50% in a qualified business use                                                                                                                 |                               |                                            |                            |                                                              |                        |                                                                                                 |                                |                                 |  |
|                                                                                                                                                                            |                               | %                                          |                            |                                                              |                        |                                                                                                 |                                |                                 |  |
|                                                                                                                                                                            |                               | %                                          |                            |                                                              |                        |                                                                                                 |                                |                                 |  |
|                                                                                                                                                                            |                               | %                                          |                            |                                                              |                        |                                                                                                 |                                |                                 |  |
| 27 Property used 50% or less in a qualified business use                                                                                                                   |                               |                                            |                            |                                                              |                        |                                                                                                 |                                |                                 |  |
|                                                                                                                                                                            |                               | %                                          |                            |                                                              |                        | S/L -                                                                                           |                                |                                 |  |
|                                                                                                                                                                            |                               | %                                          |                            |                                                              |                        | S/L -                                                                                           |                                |                                 |  |
|                                                                                                                                                                            |                               | %                                          |                            |                                                              |                        | S/L -                                                                                           |                                |                                 |  |
| 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1                                                                                        |                               |                                            |                            |                                                              |                        | 28                                                                                              |                                |                                 |  |
| 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1                                                                                                     |                               |                                            |                            |                                                              |                        |                                                                                                 | 29                             |                                 |  |

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

|                                                                                            |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
|--------------------------------------------------------------------------------------------|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|------------------|----|
| 30 Total business/investment miles driven during the year (do not include commuting miles) | (a)<br>Vehicle 1 |    | (b)<br>Vehicle 2 |    | (c)<br>Vehicle 3 |    | (d)<br>Vehicle 4 |    | (e)<br>Vehicle 5 |    | (f)<br>Vehicle 6 |    |
| 31 Total commuting miles driven during the year                                            |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 32 Total other personal(noncommuting) miles driven                                         |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 33 Total miles driven during the year Add lines 30 through 32                              |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 34 Was the vehicle available for personal use during off-duty hours?                       | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No |
| 35 Was the vehicle used primarily by a more than 5% owner or related person?               |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |
| 36 Is another vehicle available for personal use?                                          |                  |    |                  |    |                  |    |                  |    |                  |    |                  |    |

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

|                                                                                                                                                                                                                           |     |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?                                                                                        | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners |     |    |
| 39 Do you treat all use of vehicles by employees as personal use?                                                                                                                                                         |     |    |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?                                                   |     |    |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )                                                                                                                    |     |    |
| Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles                                                                                                                |     |    |

Part VI Amortization

|                                                                                   |                                 |                           |                     |                                          |                                   |
|-----------------------------------------------------------------------------------|---------------------------------|---------------------------|---------------------|------------------------------------------|-----------------------------------|
| (a)<br>Description of costs                                                       | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
| 42 Amortization of costs that begins during your 2011 tax year (see instructions) |                                 |                           |                     |                                          |                                   |
|                                                                                   |                                 |                           |                     |                                          |                                   |
| 43 Amortization of costs that began before your 2011 tax year                     |                                 |                           |                     | 43                                       |                                   |
| 44 Total. Add amounts in column (f) See the instructions for where to report      |                                 |                           |                     | 44                                       |                                   |

**TY 2011 Compensation Explanation**

**Name:** ANCIENT FREE & ACCEPTED MASONS OF  
VA 101 AMELIA LODGE

**EIN:** 23-7227925

| Person Name         | Explanation |
|---------------------|-------------|
| DAVID S MILLER      |             |
| WILLIAM R HUFFMON   |             |
| ROBERT A WILLIS     |             |
| WILLIAM A CHILDRESS |             |
| ALAN M COVERT       |             |
| HARRIS O CONNOR JR  |             |
| CARROLL E BARNARD   |             |
| ROBERT W LLEWELLYN  |             |
| NUNALLY HALL        |             |
| RICKY WALKER        |             |

Additional Data

Software ID:

Software Version:

EIN: 23-7227925

Name: ANCIENT FREE & ACCEPTED MASONS OF  
VA 101 AMELIA LODGE

Form 990-EZ, Special Condition Description:

|                               |
|-------------------------------|
| Special Condition Description |
|-------------------------------|

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 |
|-----------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| DAVID S MILLER<br>PO BOX 193<br>AMELIA COURTHOUSE,VA 23002      | MASTER 15 00                                             | 0                                          |                                                                     |                                          |
| WILLIAM R HUFFMON<br>PO BOX 193<br>AMELIA COURTHOUSE,VA 23002   | SR WARDEN 5 00                                           | 0                                          |                                                                     |                                          |
| ROBERT A WILLIS<br>PO BOX 193<br>AMELIA COURTHOUSE,VA 23002     | TREASURER 10 00                                          | 0                                          |                                                                     |                                          |
| WILLIAM A CHILDRESS<br>PO BOX 193<br>AMELIA COURTHOUSE,VA 23002 | SECRETARY 15 00                                          | 240                                        |                                                                     |                                          |
| ALAN M COVERT<br>PO BOX 193<br>AMELIA COURTHOUSE,VA 23002       | JR WARDEN 5 00                                           | 0                                          |                                                                     |                                          |
| HARRIS O CONNOR JR<br>PO BOX 193<br>AMELIA COURTHOUSE,VA 23002  | SR DEACON 4 00                                           | 0                                          |                                                                     |                                          |
| CARROLL E BARNARD<br>PO BOX 193<br>AMELIA COURTHOUSE,VA 23002   | TRUSTEE 1 00                                             | 0                                          |                                                                     |                                          |
| ROBERT W LLEWELLYN<br>PO BOX 193<br>AMELIA COURTHOUSE,VA 23002  | TRUSTEE 1 00                                             | 0                                          |                                                                     |                                          |
| NUNALLY HALL<br>PO BOX 193<br>AMELIA COURTHOUSE,VA 23002        | TRUSTEE 1 00                                             | 0                                          |                                                                     |                                          |
| RICKY WALKER<br>PO BOX 193<br>AMELIA COURTHOUSE,VA 23002        | JR WARDEN 4 00                                           | 0                                          |                                                                     |                                          |